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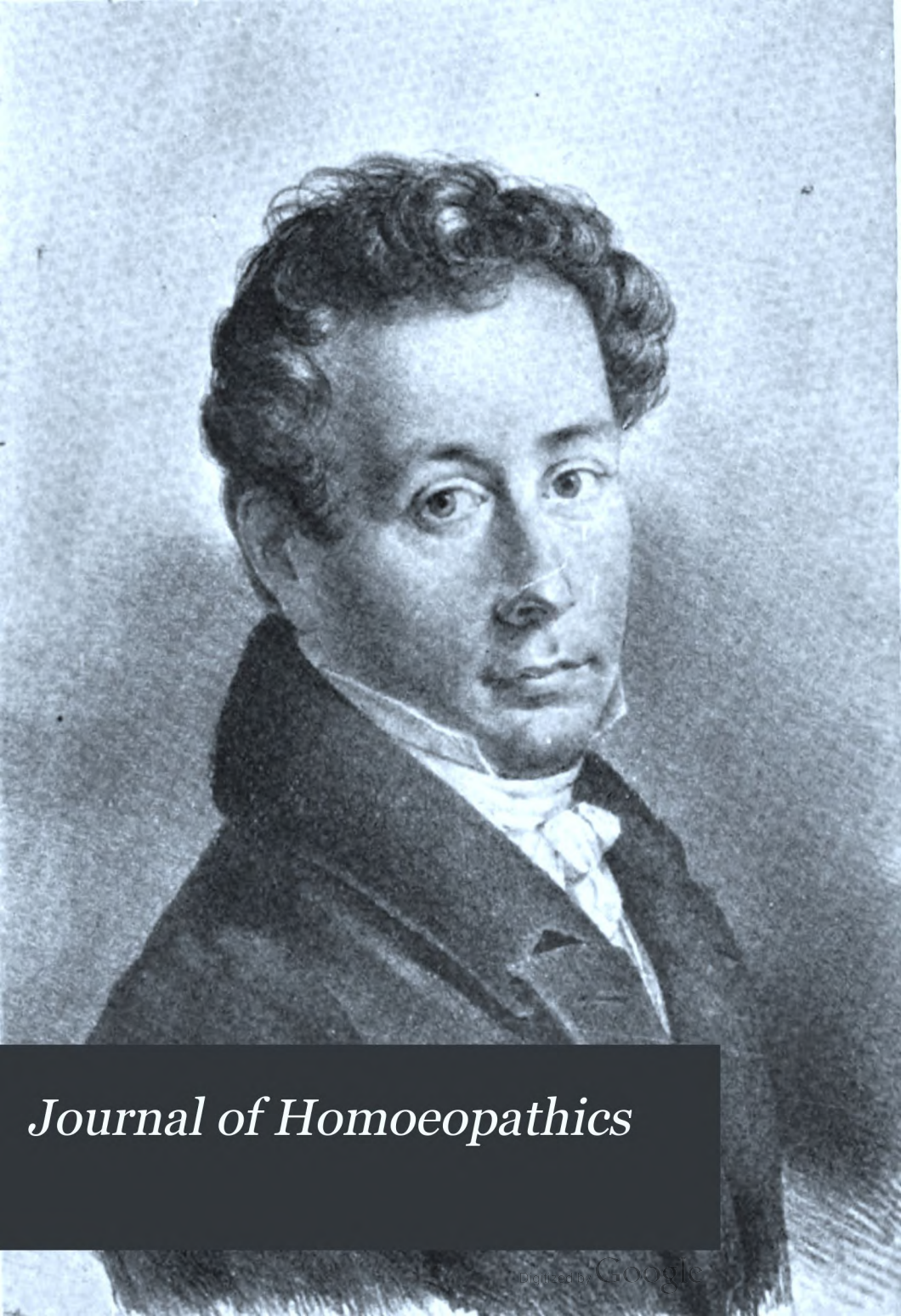
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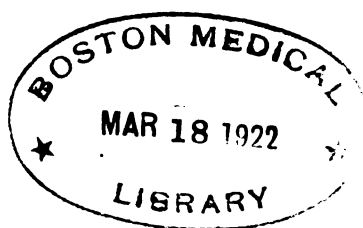
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DEPARTMENT OF MATERIA MEDICA.

BENZOIC ACID.

Lecture by PROF. J. T. KENT at the Post-graduate School of Homœopathics.*

Whenever we see in the nature of a *remedy* a well-defined state and condition of the human system pointed out by certain distinctive groups of symptoms we may know that there is such a *diseased* state in the human family, because remedies cannot arouse anything by themselves. They have not the power to create by themselves any diseased state except there is first such a state in the economy of the human race, to be aroused. They simply call up in a single individual something that the individual has, and that something belongs to the human race, and so whenever we see a diseased state in the remedy we know that it exists as something in the human race. Things are so adjusted that everything is for use. There may be conditions in the human race that we, as yet, know no remedy for. We see certain groups of peculiar things frequently repeat themselves and we know they are representative of a state of the economy, but up to this day we may not have seen in the *Materia Medica* their counterpart. In medicines we have the exact counterpart for the diseases of the human race.

Now this remedy has a state and condition that is sometimes called the *gouty* constitution, the *uræmic* or the *lithæmic* constitution, and these cases are very difficult to manage, as the state is so persistent. It is one of the manifestations of *Psora*. These

* Stenographically reported by Dr. S. Mary Ives.

patients suffer more or less from irregularity in the action of the kidneys; sometimes the urine is scanty and then they suffer from all sorts of bodily complaints; again the urine is copious and then they are relieved of their kidney complaints. They are subject to rheumatic attacks and aches and pains in the joints, showing out the gouty constitution, and then they have the greatest relief when the urine is most copious and most heavily laden with deposits; but on comes an attack when they have more or less urine, but it is light in specific gravity, and then they are full of aches and pains; in that way they fluctuate. Now, the young prescriber will sometimes see the patient when he is passing large quantities of uric acid forming the red pepper deposit, and he thinks he must stop that; his main idea is to check that one particular thing. But the patient is a great deal better off while he has it. To check it is like suppressing a skin eruption, or restraining any other manifestation of disease.

It will be noticed, as one of the foremost things in this remedy's manifestations, that it has tremendously strong smelling urine; the urine is pungent, and it sometimes becomes so strong that it almost smells like hippuric acid, and so it is said *urine smells strong like that of a horse*. The uric acid smell in this remedy approximates the smell of hippuric acid.

The complaints, then, of Benzoic acid are such as are changeable, and we know why they are changeable; when the urine is copious and plenty of uric acid is being passed, and the urine is full of deposits, then the patient is at his best; when the urine is scanty or of light specific gravity he suffers from backache and pains in the joints, he suffers from atmospheric changes, is sensitive to cold drafts and to the air; but let the urine start up again, which it does in a sort of alternating way, light urine alternating with heavy urine, and the patient is comfortable again. Then, there are complaints in which the urine smells strong and pungent; this often occurs in children. It is astonishing that these little ones manifest the uric acid diathesis in early life. Mothers often describe it as intensely urinous. It smells like intensified urine; it is not the smell, so much, of decomposed urine nor of fetid urine, but urine intensified. Awfully strong urine. It has cured many times wetting the bed, involuntary urination in sleep, when the bed that has been wetted several

times becomes uncleanable. You can smell it almost as quick as you go into the room; the children all smell like urine, strong urine; the house smells like urine. If two or three of these little fellows wet their bed at night, the urine is so strong it almost tells the story at once.

This medicine needs reproofing; the details have not been brought out, yet its nature is known. We have a good many medicines having this nature, but this is perhaps as intense as anyone. This remedy does not, of course, fit all these patients, because it does not fit their special symptoms; but it has the nature or general state which, of course, precedes everything, and when it relates to all the particulars as well it does make wonderful changes.

There are a few mental symptoms. "Inclined to dwell on unpleasant things; if he saw any one deformed, it made him shudder." Alternation of profound sleep with prolonged periods of wakefulness. In the period of wakefulness, he dwells, during the night, upon all the unpleasant subjects that he can think of. This state alternates with nights of stupid sleep for weeks, and this fluctuates in accordance with the fluctuation of the state of the urine. "Sadness." "Anxiety while sweating." "Child cross."

There are many headaches; they are uræmic in character and come in many regions with many details. "Fearful pain in occiput or cerebellum." "Rheumatic pains in head." That is well described, because these headaches of uræmic character take on a similarity to rheumatic pains. "Pain and heat in region of organs of reverence and firmness." "Tearing pain in vertex." The headaches are very numerous; the remedy is full of dull, aching occipital headaches, coming on in the night from change of weather. Pains located in the base of the brain after pains have existed for some time in the joints, and they are passing but little urine. Every time he takes a little cold the urine becomes scanty and he is full of dull aches and pains in the head and especially in the occiput.

Perversion of smell. "Sense of smell diminished." "Pain in nasal bones.

Another form of transformation scene takes place in this remedy, when all the gouty symptoms of the body cease and inflammation of the tongue comes on. The pains and aches in the

joints cease suddenly from taking cold, from stormy weather and on comes a sudden swelling of the tongue. *Mercury* also has this state. "Extensive ulcerations of tongue, with deeply chapped or fungoid surfaces." Then, again, peculiar kinds of sore throat take place from this same cause. Sudden stoppage or slacking up of the quantity of urine; it becomes scanty, high colored, and pungent, smelling like that of a horse, along with acute inflammation and swelling of the tonsils and throat; inflammation of the tonsils with scanty, strong, pungent urine smelling like that of a horse. Another feature that seems almost like metastasis. Take an individual who is going around with more or less rheumatic aches in the joints; he takes cold and this all ceases, but the next day he comes down with inflammation of the tongue or sore throat, or *inflammation of the stomach*; so that he vomits everything he eats. The gout goes to different parts and in this instance it goes to the stomach; and then Benzoic acid, *Antimonium crud.* or *Sanguinaria* is likely to be useful. When it goes to the throat or is followed by swelling of the tongue *Mercury* and Benzoic acid should be thought of. *Mercury* is full of just this kind of business. Whenever this gouty condition goes to the stomach, of course it must conform to those symptoms that are in the nature of this remedy. In this remedy we have "loathing, sickness at stomach," "nausea with gagging," "vomiting of a salty substance; bitter." When we think of Benzoic acid for the stomach symptoms, it is important that we have in mind its whole nature, how it brings about its complaints, and what characterizes a Benzoic acid patient. We would not be able to distinguish from the stomach symptoms alone; we must carry with them the character of the remedy.

It has much disturbance of the liver, and many liver symptoms. As to the bowels, the stool, rectum, anus and urinary organs, it is very rich in symptoms. Its striking ones I will call your attention to, but remember its migrating, metastatic nature, its complaints going from one part to another, which will accompany these symptoms. "Stools copious, watery." This is true in summer diarrhoea, that has come on suddenly, "excessively offensive." The white stool, like soap-suds, is so strong a symptom that the remedy does cure, even when the gouty constitution is not present. "Excessively of-

fensive, scenting the whole house." "Putrid, bloody." "Watery, light-colored, very offensive stools (in children)." So we get the idea that the stools are white and that the first passages are like soap-suds, but later the soapy appearance subsides and leaves a white stool. It is well, often, when a stool is passed that is of a light liquid to bear in mind the few remedies that produce this state and ascertain whether it is like soap-suds or filled with bubbles of air. "Diarrhoea of children." The urinous odor of the body, and especially that peculiarly pungent, intense smell of the urine. "Slightly elevated, wart-like, round surfaces around anus."

The urinary symptoms are too numerous to read. "Fetid urine." "Urine of a very repulsive odor." "Effervescing with hydrochloric acid." The odor is sometimes like hartshorn; it is pungent; these are only efforts to describe the strong smell. "Urine dark brown." It is true that normal urine after standing a while will get a fetid odor, but, in this remedy, that just passed is properly described as being intensely urinous. "Urine contains mucus and pus." "Morbid condition of urine." "Renders urine acid." It says in the text "hippuric acid," but this is a rare condition. "Brown urine smells sour." "Too frequent desire to evacuate bladder." "Nephritic colic." "Urine dark. urinous odor highly intensified." Gouty troubles of the liver; rheumatism; nephritic colic; it has cured such states after gonorrhœa, but it is not very much of a gonorrhœal remedy. When the rheumatic states and these symptoms are present there are more or less pains in the kidney. "Sore pain in the back; burning in the kidney. "Prolapsus uteri with fetid urine." "Retention of urine in infants."

"Asthma with inflammatory rheumatic complaints." "Cough followed by expectoration of green mucus."

One other organ, the organ that is most commonly affected in these rheumatic complaints, and that is the heart. No organ is so likely to be affected when rheumatism leaves the outermost parts as the heart. Pains in the heart. So in this diathesis, with the strong smelling urine and the gout, we may expect affections of the heart. "Pains change place incessantly." "Palpitation of the heart." The rheumatism, of course, is affecting the heart. "Awakens after midnight with violent

pulsations of heart." Think a moment and you will see in what kind of a case you will need Benzoic acid. The constitution of the remedy comes to mind at once with the heart symptoms, the dyspnoea, pain in the heart with rheumatic symptoms; "cannot go to sleep." Think of the alternation of sleeplessness with sleep; think of the strong urine, of the fluctuating complaints, of the erratic constitution. "Palpitation worse at night." Rheumatic pains in extremities relieving heart." There we get relief; complaints going back to the extremities with relief to the heart. The heart will be relieved when the urine becomes copious or when the rheumatism goes back to the extremities, into the fingers and knees, especially the knees in Benzoic acid. Rheumatism alternating between the extremities and heart. This medicine has cured affections of the heart when the rheumatism has a long time ago disappeared from the extremities and has ever since been affecting the heart; after Benzoic acid has been administered a very good sign of its action is that the extremities become painful and the urine becomes copious; free urine and solids increased; the urine becomes heavy, whereas it was light. Do not turn around and prescribe for that now; don't stop the solids. "Hard, frequent pulse."

Now we come to the extremities; they are full of all sorts of rheumatic affections too numerous to describe, and they need not necessarily be described. "Lassitude in lower limbs." "Swelling of knee." All gouty affections belong to this remedy in high degree. "Gouty concretions." "Nodes on joints." Benzoic acid is often an excellent palliating remedy in old gouty constitutions; they want to be relieved, you know, of the pains in their fingers and in the great big nodes and joints. The fingers crack and are clumsy and painful. They want to be relieved right away. But often the pain has been relieved and gone to other parts. This is one among the remedies that will drive the complaints away from the internal organs and generally increase the pain in the extremities, which they will scold about. "Trembling with palpitation of heart." "Extreme weakness; sweat and comatose condition." Note that comatose condition with sweat; the Benzoic acid patient sweats without relief. Copious, exhaustive sweat and profound sleep, but there is no relief. "Awaken with difficulty of breathing." Pulsation all over.

The sensations are numerous; he has many and he may have many more.

All sorts of catarrhal states; gouty diathesis, gout with arthritic nodosities, syphilitic rheumatism, etc. These patients are getting low down in the scale of life, the tissues become feeble. Ulcers form upon the skin and mucous membranes.

BORAX.

Borax is one of those domestic remedies that has been long used for all sorts of local conditions as a soothing substance and for a healing purpose. In "nursing sore mouth" of mother or child Borax has been used in the families of old, in the form of Borax and honey, as a wash. The extensive use that has been made of it, would make the homœopath stop and wonder if the people had not hit upon something, and it is a fact that Borax will rapidly heal up a sore mouth. It is not strange that it does so, for Borax, in its proving, produces all kinds of aphthous conditions of the mouth. It produces an aphthous condition of the mouth, which extends down the throat and even into the stomach. The genitalia and anus are also found to be covered with these aphthous appearances. If the prover is saturated with Borax he exhibits such a state; the poisonous effect of Borax is attended with aphthous appearances everywhere and when the prover is so saturated that there begins to be evolved from him the Borax constitution he is in a fearful state.

Nervousness, anxiety, fidgetiness, and sensitiveness to everything are prominent in Borax. He is anxious about trifles, about everything. He starts at every noise, on hearing unexpected news, from music, from excitement. He is in a dreadful state of turmoil and anxiety, and this anxiety and state of nervousness, this indescribable feeling that is within him, is aggravated from upward or downward motion. Such a motion as going up in one of our elevators nearly drives him to distraction, but he is made worse going down. All complaints are aggravated from downward motion. You will find this all through the text. It has been said in routine practice, and it is true, that in all cases

of sore mouth in children, when the child is worse from downward motion, Borax is the remedy. When the mother is in the act of laying the child down on the bed it often rouses up in its sleep and cries out in fright. This motion does not so affect every child. The anxiety may be better appreciated if you will go to the top of one of these high places and go down in the elevator. It is natural for every one to feel, with the rapid motion, an anxious feeling in the stomach, a sensation of falling; that is natural to the healthy man, but if you exaggerate that intensely you have the Borax condition in which the slightest downward motion, of even riding down hill or walking down stairs or, in the child, when being carried down stairs in the mother's arms, produces a violent aggravation.

We notice that Borax has an intensified activity throughout the body; all of his senses are made more acute. His hearing is intensified, he is oversensitive to all his surroundings, over anxious, in anguish. He has an excitable spirit throughout. Riding down hill produces vertigo. Riding down hill in a wagon behind an ordinary team brings on nervous excitement, fear and apprehension. This is a strong feature of Borax. It has many such symptoms, but the nervous elements partake of this type. As we go through the remedy many other things will be called out; but this may be said to be the principal feature of the mental state, and it is to a great extent the key to Borax cases. You will find the Borax peculiar leucorrhœa and other symptoms here and there that I expect to mention, but they are all in the Borax constitution. If the symptoms are present, but the case lacks these general features, it would lack that which would make Borax the curative remedy. "Anxious feeling during downward motion or rocking. Diarrhœa." The diarrhœa will be cured when that state is present. Aphthæ will be cured when that state is present. The rheumatism, menstrual troubles and numerous other complaints will disappear upon the administration of Borax, when this key is present.

It has hysterical manifestations. You would not be surprised at that when you consider its extreme nervousness. "Changes from one work to another." It has a restless, nervous, anxious, excitable state that runs all through his body. "Child becomes anxious when dancing;" this is hardly intelligible as it reads; it

really means dandling and jumping the child up and down. It is not the idea of dancing, but the idea is that the child screeches and screams when it is dandled and tossed up and down by the mother or nurse. The motion of the brain, the upward and downward motion, as in swinging, rocking, etc., makes the patient lose himself, he hardly knows where he is; confusion and vertigo comes over him. "If one rocks the child, it has an anxious expression of face during downward motion." "Very anxious on riding rapidly down hill." "Anxiety increased until 11 P. M." That I have noticed in Borax as a peculiar time of aggravation of the anxiety. I have noticed it many times in insane women, women that had periods of insanity, whose nervous trouble and mental state would keep up until precisely 11 P. M. You will notice sometimes in insane people that it seems as if they were possessed of the devil; and all at once a lucid interval will come and they will talk just as if nothing had happened. So it is in Borax, that a great change may occur at 11 P. M.; this state of anxiety and nervous excitement may stop at that hour. "Fretful, ill-humored, indolent" state increased until there is a stool, and relieved by stool. Then comes "fright." "He starts on hearing an anxious cry;" on hearing an unexpected noise, on hearing something drop from a chair to the floor, or if a door opens unexpectedly. This is all in keeping with the nature of Borax. If you compare Borax with other *Natrum*s you will find an astonishing likeness in the nervous excitability; *Natrum carb.* and *Natrum mur.*, as well as the Biborate of sodium, are all excitable. Aggravation from noise, oversensitiveness to noise and overexcitement of the nerves run through all the Sodium family. They are wonderfully intense people.

Here is another feature. "While engaged in thinking at his work, strong nausea." Borax has many times cured this kind of trouble. I have seen it come up in this way: from any sort of meditation he becomes nauseated and excitable and must leave his work and sit down and rest a little while, and then he gets up and goes at it again until he becomes sick at the stomach and so must rest again. With the aggravation from mental exertion, from noise, from excitement, from downward motion, we get the mental aspect of Borax.

A further examination of the sensorium shows: "Vertigo and fulness in head or descending a mountain or stairs." This is a form of the same anxious feeling. This remedy has a good deal of vertigo, sometimes constant vertigo, which is made so intense on downward motion that he must sit still, or be still, and do nothing. It has many congestive headaches, pressive headaches and much heat in the head.

There are a good many eye symptoms. "Granular lids." "Lashes turn inward towards eye and inflame it. Entropion." Granulation and thickening of the mucous membrane of the lid; contractions and scars and drawing inward. "Lower lids entirely inverted." "Difficult opening of lids."

Like all the salts of Sodium the nose suffers from chronic inflammation of the mucous membrane, a catarrhal state, with copious discharge, and crusts in the nose; stoppage of the nose. The whole *Natrum* family has these dry crusts in the nose, and copious discharges from the nose. *Natrum mur.* predominantly produces *white* discharge, and so does Borax; *Natr. sulph.* produces *yellow* discharge from the nose, even yellowish-green. Borax is laid down here as producing greenish discharge; its characteristic discharge, which is a general of the remedy, is a white discharge. This white discharge is omitted, I see, from the nose, but that is its general state.

The face of the infant looks pale, a pale, clay-colored face. "Children have small vesicles around mouth, on forehead." You have probably heard that *Natr. mur.* produces herpetic eruptions around the mouth in all of its febrile states, and when the patient takes cold. Borax is sometimes forgotten, and *Natr. mur.* is thought of because it is better known. When the *Natrum* constitution is present, then it becomes a process of individualization to determine which one of the *Natrum*s is indicated.

"Aphthæ in mouth and on tongue." "Aphthæ on tongue and inside of cheek." Now, this alone is not an indication for Borax, although Borax is one among a good many medicines when the mouth is so sore that the child lets loose its hold of the nipple or bottle. A good many prescribers give Borax on that indication alone; but the constitutional state ought to be hunted up, so that there may be constitutional foundation for the remedy. "Red blisters on tongue." "Vomiting after drinking." This

leads one to expect, and most properly, that this aphthous state has travelled down the œsophagus into the stomach. There are many stomach symptoms present that are likely to be the result of some such condition. "Buccal mucous membrane highly reddened." The sore mouth, such as mothers have and such as infants have, can be cured with one single powder of Borax. And it is not necessary to use a whole teaspoonful of Borax to swab it out with; nor to give Borax and honey for sore mouth. "After every meal flatulent distension." "Constant vomiting." "Vomiting of sour slime." The Borax patient with stomach aphthæ will gag and retch and cough, and cough and gag and retch, and that is what is called a "stomach cough." Mothers say, "It is a stomach cough," because the child gags and retches with it. "Stomach cough with pain extending into region of spleen."

Now, little ones often get summer complaints when they need Borax. All round about the anus you will see the aphthous appearances. Green slimy stools are passed day and night; the child keeps up a pitiful crying; the mouth is aphthous, child is emaciating, and holds its head away back. "Stools: frequent, soft, light, yellow, slimy." Quantities of fluid like boiled starch are emitted from the anus; Borax has that as well as *Argentum nitricum*. There are also conditions of the rectum producing thickening of the mucous membrane, with stricture, growing smaller and smaller until finally a long thin stool is passed, no bigger than a pencil. This inflammatory stricture has been cured by Borax.

Now, in this over-sensitive child when the catarrhal state is general the urine burns so when it passes that with the first urging (which causes the child to realize it must soon urinate) it screams out; screams with the desire to urinate. That is what it means when it says "Worse before urination." It is not that the state of the urinary organs is worse before urinating, but the child in realizing that it must urinate screeches and screams and enters into all sorts of excitable states. "Frequent urination preceded by cries." The hot urine burns like fire and you can tell that the child has soon got to urinate because it commences to yell. "Orifice of urethra pains as if sore, after urinating." "Desire to urinate without being able to pass a drop."

This remedy has cured gonorrhœa. Wherever there is mucous membrane you may expect to find the aphthous patches. There is another feature like *Natr. mur.* and also like *Natr. carb.*; in both male and female it takes away all desire for sexual intercourse; it benumbs the patient, and hence the mind and sexual organs are in a state of indifference.

Then we come to the most striking feature of Borax in regard to the female sexual organs; in the flow will be found *membrane*. Borax cures the most violent forms of membranous dysmenorrhœa, even when she comes down with violent labor-like pains before and during the flow and it seems as if the uterus would expel itself from the vagina. The flow starts slightly, but the same violent pains keep on, until the expulsion of the membrane. I have known Borax to cure when the membrane was a cast of the uterus. Such patients are easily startled from downward motion; let that be your guide to Borax in membranous dysmenorrhœa. She dreads downward motion, and motions like swinging and rocking. "During menses: throbbing in head and rushing in ears." "Pinching and griping in abdomen;" that word does not describe it exactly, for it is like the pain in labor; "pain extending from stomach." Pain like the stabbing of a knife in the groin, and that can occur either before or during menstruation. "Tired; sweat after midnight." But, remember, with such things you must have the mental state, the nervous, excitable state and then Borax will cure this dysmenorrhœa. Another grand feature of Borax I read in the next sentence. "Leucorrhœa like the white of egg." It has albuminous leucorrhœa which flows clear out of the uterus. like a hot fluid, and flows down the legs. "White albuminous or starchy leucorrhœa." "Acrid leucorrhœa appearing for two weeks." "Leucorrhœa white as mucus, without any other ailment." Now from this acrid leucorrhœa, from the menstrual state, this false membrane forming and being thrown off, it is no wonder that women are sterile. All these women are sterile, all who have such symptoms are sterile and Borax has cured sterility when this condition was the cause. You will find routinists prescribe Borax for all women who are sterile, regardless of the state. When a remedy is given for sterility, the *state* must be looked

into which is peculiar to the remedy given, such a state as that remedy can produce upon the healthy individual.

Another feature. Many times I have used Borax when the mother could not nurse the child; she talks about always having a little, thick milk; "The milk is too thick and tastes badly." This condition of the milk prevents the mother from nursing her child. This is a constitutional state, and Borax, if given in the beginning of pregnancy, to a Borax patient will so change the milk as well as the rest of the constitution that the mother will be able to nurse the child. I have a number of times, when a mother has brought forth several children that she was unable to nurse, given Borax and it has so affected the case that she could nurse the next child. This remedy also has loathing of the breast in infants, due to the fact that the milk tastes so badly and not due to any defect on the part of the child. You might think of prescribing for the infant, but if you examine into the case you will find that the child will not take the milk because it is loathsome, and as soon as the child gets a little bit out of order it will not take that milk. The mother needs a dose of Borax, which will cure the child of its diarrhoea and loathing of milk. "The infant becomes pale, nearly earth-colored." "The child throws up in its hands when an attempt is made to put it down." If the mother was a Borax mother, the child very likely is a Borax child; it is not an uncommon thing for the mother and baby to need the same remedy; many times I have medicated the child through the mother's milk if both needed the same remedy. Another peculiar feature is that when the child is nursing, there is pain in the opposite breast. Borax is not necessarily limited to the state of confinement; there is a practical use for Borax among nervous women in all states of life.

Borax has cured pleurisy that very much resembled *Bryonia*, especially on the right side like *Bryonia*; stitching or darting pains from without inward as if through the upper right lung posteriorly; the stitching pains might make you think of *Bryonia*.

"Wilted, wrinkled skin." "Skin pale or livid." Emaciated; flabby child becomes emaciated. Children become marasmic along with the aphthous condition; they cannot digest. They vomit or have diarrhoea; aphthous condition that extends the whole length of the intestines, involving all mucous membranes.

Oversensitive child, screeches and screams from downward motion. The aphthæ involves a good many other symptoms; crying before urination, because the bladder is involved. The aphthous condition and worse from downward motion; the oversensitiveness to noise, easily startled from everything that can possibly startle, anxious feeling, etc., are the most striking and characterizing features.

MATERIA MEDICA JOTTINGS.

Rhododendron.—Sensation in diseased part as of a worm crawling (Kali. iod.). This is a symptom of gout and mercurial syphilis.

Complaints < before a storm or from change of warm to cold, wet weather. Dr. Hering once gave this remedy with prompt success in a case of dysentery, the leading symptom being aggravation before a *thunder storm*. The *Rhod.* patient is more readily effected by an electrical change than a change to windy weather.

POTASH and its derivatives (Kali bi., Kali carb., etc.) tend to diminish excessive secretions from mucous membranes. Thus the *Bichromate* suits discharge of thick, ropy, tenacious, yellow or green mucus; the *Carbonate*, a discharge somewhat ropy, tough, but more yellow, thick and purulent, often blood streaked; the *Chlorate* presents more of an aphthous or scrobutic tendency; watery mucus (from nose); the *Iodide* cures acrid, frothy or tenacious, thick, green mucus, while the *Nitrate* has prominently, bloody, acrid discharge (nose) and profuse, purulent often mixed with blood coagula (lungs). It is a valuable palliative in phthisis. *Kali sulph.* is excellent when the discharges are thick and yellow; it should be remembered along with *Pulsatilla* and a few others in the later stages of acute bronchitis or whooping cough, with thick, profuse, yellow sputa, with much rattling in the chest. Like *Pulsat.* this remedy is also greatly relieved by the cool, open air. It often helps at the "tail end" of a cough or cold.

The *face flushes* in the *Sepia* patient during any important discussion. Both *Phos.* and *Ferr.* have red face from any emotion, but the earthy, sallow complexion of the latter changes to red much more easily than the usual sickly yellow countenance of the former. The *Carbo. veg.* face, usually pale, flushes a purplish red while talking in company or from taking wine, be it ever so little.

H. F.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.

LECTURE XXXIII.

THE VALUE OF SYMPTOMS. *Continued.*

It is very important that you should understand what is meant by general, common and particular symptoms and so I will repeat somewhat. The generals are sometimes made up of particulars. If you examine any part alone, you are only examining the particulars. If you examine the liver symptoms alone, you are examining particulars. If you are examining the eye symptoms, or the symptoms of any other region considered apart from the whole man, you are examining particular symptoms. But after you have gathered the particulars of every region of the body, and you see there are certain symptoms running through the particulars, those symptoms that run through the particulars have become generals, as well as particulars. Things that apply to all the organs may be predicated of the person himself. Things that modify all parts of the organism are those that relate to the general state. Anything that the individual predicates of himself is also general. There are things that an individual might say of himself that might relate to only one organ, but of course that becomes a particular; but most of the things that the man predicates of himself are general. Now, suppose you take the symptoms of sleep. You might at first think that they related to the brain, but the brain does not sleep any more than the whole man. "I was wakeful last night;" he is predicating some things of himself and hence it is a general. Or, he says, "I dreamed;" well it is true that the whole man really dreamed. You might say that the mind merely dreamed, but the mind is

the man, and, therefore, we see how important sleep and dreams become in the anamnesis of a case. Scarcely more important is what the woman says of her menstruation; menstruation so closely relates to the whole woman that it becomes most important. The special senses also are so closely related to the whole man that the smells that are grateful and the smells that are disagreeable become general. There are certain smells that relate more particularly to the nose itself, because the smell is in the nose and is due to some pathological condition of the nose, and thus becomes a mere particular. The smell of food is agreeable when the man is hungry, and that will relate to the whole man, but one who has a vicious catarrh of the nose, with much local disturbance, has many perversions of smell, which are particular, because they relate to the nose. A patient says: "I see" so and so, without seeing; that relates to the generals. It is to a great extent a seeing with the understanding. Now, when the eye itself becomes affected, the symptoms gathered are particulars, because they relate to the anatomy of the eye. The more the symptoms relate to the anatomy of the parts, the more external they are; the more they relate to the tissues, the more likely they are to be particular. But the more they relate to internals that involve the whole man, the more they become general. You will see, therefore, that the things that relate to the man are to be singled out in the anamnesis and marked first. After gathering together all the symptoms of a patient you should single out for study first of all everything and anything that you can predicate of the man, everything of which you can say *he* feels so and so, *she* suffers so and so. Find out what remedies relate to these symptoms first. Sometimes when you have figured the anamnesis of the generals, you have settled by your anamnesis upon three remedies, or possibly upon one. In ninety-nine cases out of a hundred you can leave out the particulars, for the particulars are usually contained within the generals. If there be but one remedy that has the numerous generals, and covers those generals absolutely and clearly and strongly, that will be the remedy that will cure the case. There may be a lot of little particulars that may appear to contra-indicate, but they cannot; for nothing in particulars can contra-indicate generals. One strong general can overrule all the particulars you can gather up. "Aggravation

from heat" will throw out Arsenicum from consideration in any case.

It may be advisable to dwell again for a little upon the *common* symptoms. Sometimes we find in women the common symptom, prolapsus. It is a common thing for them to say, "Dr., I have such a dragging down in my bowels. I feel as if my insides were coming out." That is a common feature, and it is a common symptom. There is nothing about that alone that will enable you to find a remedy, but for these common symptoms we have a class of remedies. When you see a rubric containing a dozen, fifteen or twenty remedies, you may often know it is a common symptom. We would say that all women who have prolapsus have to a great extent a dragging down feeling, as if the uterus would come out. If we were to take this symptom and follow it up, we would see that it works in various directions; we would see that it runs into generals, and into particulars. How shall we decide when to give *Sepia*, when *Lil tig.*, when *Murex.*, when *Bell.*, when *Puls.*, when *Nux*, and when *Natrum mur.*? To enable you to pick out of that group of remedies the one that will cure you must study both the generals and the particulars of the patient and the generals always first. If it be a *Nux vomica* patient who has the prolapsus of the uterus, what will she say of herself that will make you see *Nux* in it? She would be chilly, full of coryza, with stuffing up of the nose in a warm room; she would be very irritable, snappish, want to kill somebody, want to throw her child into the fire, want to kill her husband. She would probably have constipation and every pain that she had with it would make her want to go to stool; urging to stool, but only a little is passed and she wants to go frequently. You at once see that she has the generals of *Nux*, and whatever particulars she has are in harmony with those generals, and so you go from generals to particulars. The whole problem, like any other scientific problem, must be gone into and followed from generals to particulars. Suppose that *Sepia* is indicated for that woman. You have in it as well this common symptom. Now, what is there in this patient that no other patient has? The dragging down is just the same, but with it an awful all-gone sinking feeling in the stomach, and she gets relief only when sitting with the legs crossed. She has a constant feeling of

a lump in the rectum that makes her want to go to stool; but she goes for days without any urging at all; she is sallow and sickly, talks of bilious symptoms and has a yellow saddle over the nose. She tells you that she has an aversion to her children, and feels very sad that she does not love her husband as she ought to. She is unable to exercise the love she has to her children. Now you have that which she says of herself in general, and that which she tells of the stomach and rectum is particular, and yet peculiar. You can see now that the dragging down sensation is not general nor particular, but is common. Many of the symptoms that are of regions are both common and particular, particular because they are of regions and common because they describe a state. Scarlet fever gives us an illustration of this. We would group all the striking symptoms indicative of scarlet fever, the rash, the appearance of the mucous membranes, the sore throat, the fever, the history, and the period of prodrome. The remedies for scarlet fever must have these symptoms in common with scarlet fever. The appearance of scarlet fever is among the common things of *Belladonna*. *Ailanthus* has in its common things the appearance of scarlet fever; *Apis* has the appearance of scarlet fever; *Rhus* has the appearance of rough scarlet fever. *Sulphur* and *Phosphorous* have a rash similar to scarlet fever. So if we were to make a rubric for the repertory we would put the names of all these remedies in the common group and call it scarlet fever. But when are you going to give one remedy and when another? We can sometimes figure out from local manifestations things in general. For instance, you can take an *Arum triph.* patient; that which appears to be most striking is that he picks his nose and lips until they bleed. If you examine that state well you will ascertain that these parts and the fingers and toes tingle; about the extremities where the circulation is feeble and where the nerves are abundant, in the nerves of the fingers and toes, there is an unusual tingling like the creeping of ants, and he keeps picking at these parts. It is a state marking almost the whole economy. If you watch a little more closely, you will see that a liquid oozes out of the parts he has picked, a bloody, watery oozing, and that it denudes the skin around the parts. It becomes a part of the general state. Then in scarlet fever, with the rash only partly out, we want to take the language of nature

alone. I spoke of *Phosphorus*. *Phos.* has a typical scarlet fever rash. Suppose you have a case that is putrid, the rash has become very dusky and the skin has become mottled and purplish, and there are places about the body that have a tendency to suppurate. You find there are swellings about the neck, swellings upon the hands and fingers, that are inclined to suppurate; or there is an oozing round about them and pus is welling forth, and the case is so putrid and offensive that as soon as you enter the room you detect the horrible stench. If you examine into the case, you will see that the child cannot get water enough and cannot get it cold enough. The countenance is sunken, and the eyes are puffed and swollen and red. Blotches are appearing of a septic character intermingled with the scarlet fever blotches. There you have a *Phos.* case, and *Phos.* will stop the trouble immediately. Now, what have you gathered together? You have gathered together an evidence of the general state. You see running all through that case putridity and a zymotic state. You may have many cases of malignant scarlet fever, and you will find that you can manage them with your remedies as you would an unruly horse with reins.

Now as to the *grades*. The value of symptoms is divided into three grades. General symptoms are divided into three grades, first, second and third, and common symptoms and particular symptoms are divided into the same three grades. You will see in Boëninghausen a fourth grade, but as a matter of fact these remedies do not form a grade; they are only probationary remedies, requiring demonstration by re-proving and clinical confirmation.

The general symptoms of the first grade are such as all or the majority of provers state of themselves as a class of provers. For instance, take that symptom of *Apis*, "suffocation in a warm room;" all the provers of *Apis*, or nearly all, were affected to a great extent in that way. All the provers of *Pulsatilla* were worse in a warm room. There can be no doubt about such symptoms for all the provers felt that state so strongly. *Kali hyd.*, *Pulsatilla*, *Iodine* and *Apis* are among those that have that symptom in the first grade, worse in a warm room, suffocation in a warm room. Now when those symptoms which have existed as generals among the provers come into the

experience of the practitioner, and are confirmed by curing those states extensively, whatever administered, for years, then these remedies are fully entitled to this grade. When only one prover has recorded a certain symptom, it is doubtful whether that is a symptom from the action of the remedy, but when several provers have recorded the same symptom it becomes confirmed. When that symptom has been removed or cured by the remedy in the hands of a physician, it can then be said to have been verified. So that symptoms are recorded, confirmed by reprovings, and verified upon the sick. When several provers have observed that *Puls.* is worse in a warm room, and this is confirmed by other provers, and then verified by cure upon the sick, it immediately places *Pulsatilla* in the first grade of that general state. Suppose that it were something that was in relation to the bladder; *Puls.* has a symptom of frequent urination; now, that is immediately classified as a particular symptom because it relates to a region. Now, if all of these provers had irritable bladder when they took *Puls.* that would be a confirmation of it, and if it cures for years experience verifies it and it is then placed as belonging to *Pulsatilla* under the particulars, and marked in the highest grade. So with the symptom of bearing down, which also comes under *Pulsatilla*; that would be classed as a common symptom, but of the first grade.

Suppose now that there are more symptoms that have only been brought out by a few of the provers; they do not run through the whole family of provers, but they have been confirmed and occasionally verified; then you see they are not entitled to so much consideration and as a matter of degree they belong to the *second* grade, because not so strong as the first grade, which produces these symptoms upon everybody or nearly everybody. Of course, what is true of the generals will be true of common and particular. Then as to the *third* grade. Now and then a prover brings out a symptom and it has not yet been confirmed by re-proving, but it stands out pretty strong, and seems to be worthy of a third place, or it has been verified by having cured sick folks, or on the other hand it is admitted as a clinical symptom. Sometimes close and careful observers have noticed that certain symptoms, not in the proving, have generally yielded to a certain remedy, and others have confirmed this clinical experi-

ence; these symptoms are admitted to go into the third grade. A great many of Boenninghausen's fourth grade symptoms really belong to the third grade, because Boenninghausen was very cautious with the symptoms that had never been verified. His fourth grade remedies include such as he had gathered from his clinical experience, and he was doubtful about the propriety of placing them in the third grade, and also those symptoms that occurred in the provers but had not proper confirmation or were not verified. He laid them, as it were, upon a shelf for approbation, to be hereafter proved or accepted.

FOR HIGH POTENCIES.*

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"'s muss annersch wer'n."

WUHLHUBER, 1848.

In the July† number of the *Zeitschrift des Berliner Vereins hom. Aerzte* (Vol. XIV. p. 279), the Philosopher of the American Institute of Homœopathy, in the beginning of his article: "Mikrodosists or wo ist die Grenze?" (Microdosists or where is the limit?) utters his inability to understand what (in the article "the lone molecule in the 12th centesimal potency") may be meant by the mass from which the molecule is derived which produces the colored lines in the spectroscope. Now, molecule is particle of a mass (*moles*, hence the diminutive molecule of which it forms an integrant part). *Ergo*, as he himself says, "with the molecule or atom the mass ceases to be" and consequently also cease the spectroscopic lines, *i. e.*, the spectroscopic lines represent the mass from which the molecules or atoms are derived. Since the philosopher himself placed the limit of attenuation at the 12th centesimal, which indeed surpasses even the spectroscopic test, the proofs which it furnishes of the presence of medicinal matter can have no value for high poteneies.

* Translated from the German for the Organon and Materia Medica Society in Philadelphia, Pa.

† This was written September, 1895.

The insinuation of "continuing the potentiation of the medicinal force after the cessation of the presence of the molecular matter" is not admissible, because such assertion has never been made. The medicinal force of a material dwells on this as the carrier of it aside of its molecularity, which is the firm standpoint that the antagonists of high potencies claim. This firm standpoint, however, begins to shake suspiciously, since the fundamental doctrine of it seriously goes against the fundamental laws of motion, as has been shown elsewhere. The potentiation has no need of this crutch, which forms the firm standpoint for physics and chemistry till something better than this molecular theory will have been discovered. The calculations of the greatest mathematicians of our age have not at all been decried as psychological trifling, as the philosopher says, the only thing pointed out is the uncertainty which offers these labors as proofs of the nonsensicalness of potentiation when it steps over the uncertain and wavering limit of the 12th centesimal. "This shall represent exact knowledge!" may the philosopher apply to himself. The efficaciousness of the high potencies can not be cast out by the adaptation of the calculations of even the greatest mathematicians, since it has nothing more to do with the molecularity of matter than that this carries the medicinal force put into it and preserves it. Therefore, the whole armamentarium of the materialistic philosophers with their elaborate calculations and astounding observations may be arrayed and by them given as the proof of their great erudition, but it cannot change anything in the question to be answered. Mere denial changes nothing, because it is no proof. Even the vilest criminal dies rather than confess his guilt. The true way is the philosophical one of induction. If this, in science, is the only infallible instrument for discovering the truth in difficult questions, why should it be discarded and lose its value when the science of homœopathics is concerned? Instead of travelling this indeed difficult and often tedious path, the adversaries to the high potencies, though they claim the name of homœopathists, follow the lead of those who under the pretense of science combat potentiation or try to kill it by silence. But this stratagem begins to lose its force, because "the sparrows on the roofs already talk about it," and at last after more than fifty years the high potency of Hahnemann—for

he was the first to prepare it and give it its name—has penetrated the thick skin of the scientific rhinoceros so that it stands at bay and precipitates itself directly upon its enemy. But there is no enemy; the high potency acts in the clumsy body of the monster against its will. In one word, the high potency exists and has come to stay.

The Hahnemannian method of induction, therefore, is the only one which can be used to answer the question. This is the way of experiment which Hahnemann has recommended in the words: "Macht's nach aber macht's genau nach!" (Do as I did, but exactly.) The experiment demands first that we procure the pure medicinal substances and then carefully subject them to comminution according to the rules which he has given. Now, how could Hahnemann have found that this comminution develops greater medicinal force than was present in the original substance, or that on the contrary it makes remedies out of poisons? Perhaps by consulting the microscope or the spectroscope which at his lifetime was not discovered? Or by calculations of the greatest mathematicians of his time relating to the infinitesimals which compose the medicinal matter? Or by the occult sciences cultivated by the middle ages? Nothing of all that! He simply gave his remedies to the healthy person and observed their actions in them and wrote them carefully down. This was one part of the induction by which he learned the pure actions upon the healthy and by it he created the *Materia Medica Pura*. Progressing in these experiments he certainly arrived at the limit appointed by our philosopher to be the 12th centesimal potency. But knowing nothing of this future limit, he continued his potentiation and arrived at the thirtieth centesimal which, for a wonder, is acknowledged by all good disciples of Hahnemann, though they rail against the transferences of medicinal force by means of and upon inert vehicles. Here he had reached already a scale of thirty degrees and was enabled to institute comparisons which moved him to recognize in the thirtieth centesimal potency sufficient strength to serve as well for proving the remedies upon the healthy as for healing the sick. This then was the second part of his induction. If the potencies which he obtained by comminution and elimination of the substance containing the medicinal force were able to distill the life-force, they must also be

capable of healing when applied to the sick according to the symptoms-similarity. The result taught him the correctness of his induction and the thousands after him bless his memory, because he has taught them to prepare the remedies in such a manner that they exert their healing power which is expected from them without doing any harm. This is the homœopathic proof of the efficaciousness of the homœopathic healing potencies. What objections can the opponents make to this homœopathic argument? Why do they not go to work themselves—if they want to do honor to truth (p. 161)—in order to convince themselves that, as they say, “the most irrevocable, the most overwhelming proofs are extant for the efficaciousness of the infinitesimal doses” as the thousands and thousands of experiments of the high potentists teach since Hahnemann’s time? The proposition that every homœopath should make one to three experiments with high potencies on chronic patients is acceptable, but at the same time it shows the insufficiency of such slow and reluctant progress. Why not make experiments in acute diseases? There are always plenty of such cases on hand, and they promise a more speedy and multiple experience apt to strengthen the confidence in high potencies. The proposition tastes, alas! too much like an effort to render the cause of high potencies a chronic disease of Homœopathy. We, who have not to live long enough till all the homœopathic skeptics have made their yearly “one to three experiments on chronic patients” for their own satisfaction, cannot wait for them. It indeed seems that even the arguments in favor of high potencies are only turned to their disadvantage. That along with them even macrodosia is favored shows what may be expected of such impartial homœopaths, namely, nothing. After the neuro-analytical experiments of high potencies which denote a new era in homœopathies and which proved the efficaciousness of the four thousandth centesimal potency nothing followed but a fending off: “Wożn?” (to what purpose?) One was content with one’s success with low potencies. The splendid experiments were grudgingly acknowledged at first and later ignored and silenced in the homœopathic ranks, and afterwards the allopaths were blamed for it. And yet the neuro-analytician was on their own side, for he declared before the naturalists and physicians of Germany in Salzburg that with the

neuro-analytical proof of the efficaciousness of the 4000th potency (centes.) the divisibility of matter must be extended that far. He, therefore, evidently was on the side of the materialists and could perhaps not judge differently on his standpoint as a naturalist. But as a physician he had to consider, that his neuro-analytical reaction did not support the infinite divisibility of matter, but signified the reaction of his life-force to the immaterial dynamic potency. This reaction can, according to the neuro-meter on the electro-magnetic method, be indicated by any high-potency above the 4000th centesimal. This, however, oversteps the limit of the present science and is, therefore, also under the ban of deadly silence, for it undermines likewise the fundamental elements of science as the proof of the offence of the molecular theory against the fundamental laws of motion. The capital which the opponents of high potencies still draw from the notion of infinite divisibility is, alas! like the confederate money in this country, not worth anything. This idea which still haunts the materialistic camp has long been given up by the high-potentialists. *Sunt certi denique fines.* Theoretically it is long ago discarded by the molecular theory, for this indicates the limit of minuteness to which matter can arrive though also here reigns the same uncertainty as with us about the limit of efficaciousness of high potencies. But with *their* uncertainty we have nothing to do. We already get rid of the matter when we commence potentiation, for we do not potentiate matter but transfer the medicinal force upon the inert vehicle which, by the potentiation, we render medicinally active. The medicinal force is not subject to the laws of physics and chemistry, but to the laws of the life-force which these departments of science, including physiology, have thrown out of their temple. From the Hahnemannian life-force, which comprises the whole organism, they have come down to the nerve-cell which now is to explain all the phenomena of life. Poor creatures! would Hahnemann have said. We, then, do not need the concept of infinite divisibility of matter for the explanation of the higher potencies, and rather propose an infinite divisibility of force which it will not be so easy to deny, than that of matter. The Hahnemannian use of matter as vehicle, carrier or menstrum of the force assigns the proper place for it. It refutes the senseless assertion that the force could not

be separated from matter and that it was against all reason to speak of transference of force (p. 259). If the advocate for and against high potencies who denies it would hit his head at an open door, as it sometimes happens in the dark he no doubt would become aware of something like transference of force. For his motion against the door is reiterated by the shock which this exercises. The force with which he hits the door is transferred upon it for the moment, and since it cannot escape the shock is given back by it and the force re-transferred. The doubt of the transferability of force is most astonishing, for every motion in the world is necessarily a transference of force. Motion is nothing in itself, it will always be a transference of force. Why should it then be different with the medicinal force? The physical and chemical force is not a medicinal force. This medicinal force is something *sui generis* and has only relation to the life-force by which alone it is to be recognized; the matter is only the vehicle for it. This of course is incomprehensible to those who deviate from Hahnemannian principles in order to hasten after the modern natural science. The ideas laid down in the first thirty paragraphs of the Organon are antiquated in their minds and no more adequate to the refined notions of the *fin du siècle*. As if true ideas ever could lose their value and freshness!

And yet the Philosopher of the Institute and the advocates for and against are of one mind (p. 279), that it must become "otherwise" and that the infinitesimal doses must be cast out into the utter darkness (p. 276), where there is howling and chattering of teeth. So far, then, has it come at the end of this glorious Hahnemannian century that the high potencies must go the way of all flesh, as the physico-chemical school has done with the life-force! One should not think it possible that men who constantly are talking about science and scientificness could so recklessly violate the rules of science and of decency that they think of doing away with questions, the solution of which is strange and impossible to them, by simply throwing them out and kill them by silence afterward. That is a beautiful *remedium* (§277) of an evil which drags itself along ever since the schism of Trinks, without leading to anything else than thrashing the same old empty straw over and over again! Do they not even think of it, if, driven to the wall by the high potencies, they

declare for macrodosy that they give the greatest aid and comfort to the enemy, the macrodosy of which is not at all to be compared to that of Homœopathy? Do they not remember how many men fall victims to that allopathic macrodosy, the inoculation of morbid matters included, and has the advocate for and against to offer to the just demand of abolishing that poisonous macrodosy nothing else than the claim that the infinitesimal doses must be thrown out of Homœopathy? (§276). The rage against high potencies is so great that they forget altogether that the doses of the homœopathic materialists are still small in proportion to the allopathic doses, may they be ever so incomparable to the high potential doses? But according to our conceptions the magnitude of the doses has nothing to do with their efficaciousness, since this follows not the matter but the medicinal force carried by it, and depends upon the necessary proportionality of the remedy to the life-force, which again depends upon the symptoms-similarity of the remedy and the sensitiveness of the life-force. Should chemistry be held responsible for it, however, then it militates against the Hahnemannian doctrine and is a *confusio idearum*. This, indeed, means to allow to the party-spirit too much play-room, with which the high potentialists have nothing whatever to do.

They alone stand upon the firm ground of the Hahnemann homœopathics which we recognize and acknowledge in the first part of the Organon. To our knowledge Hahnemann has not yet been abolished by the enemies of high potencies, though they have kept nothing of his doctrine but the symptoms-similarity, and even this stronghold is curtailed and called in question and discredited if it finds its application in the high potency question. Then they doubt their own observations and, according to the old proverb: was ich denk und thu, trau ich audern zu (what I think and do, I think of others too), also those of others. Then they betray by their provings with nothing (as they expect milk-sugar to be) the provers and themselves, and explain the phenomena and symptoms in others not proved by them by suggestion, credulity of both prover and observer and general skepticism, which they think to escape by throwing themselves in the arms of physics and chemistry and even mathematics, in departments of science of which they themselves confess not to be experts, though from which they expect the salvation for homœo-

pathic posology. These "Wuhlhubers" (revolutionaries) in Homœopathy in their rage hurry to the hostile camp and the "auders werden" (becoming otherwise) relates only to the emasculation of the homœopathic body in order to make it acceptable to general medicine, *i. e.*, to the allopathic or physico-chemical school of medicine. What can the molecular theory have to do with the homœopathic healing art and science? Nothing. They are two quite different fields which the two schools, the homœopathic and the physico-chemical, are cultivating. The one should not be mixed with the other. The Homœopaths should not forsake the Hahnemannian doctrine, which makes potentiation complementary to symptoms-similarity. If one reads the tirades for and against high potencies, and what their opponents put in the mouth of high potentialists, one should think they would understand the matter in all its bearings. But not at all. They confess themselves without blushing that practically they know nothing about it, as the American teachers of the American colleges (and some of the English) did, for twenty-two out of twenty-eight declared publicly in the session of the American Institute last year that they teach nothing about high potencies because they know nothing about them and do not know the laws according to which they are to be administered. Among these were not even the great lights of this institution, who wisely let their light shine in the background. And in Germany also it is not different, with very few honorable exceptions. After all the learned disquisitions they arrive at the same conclusion, and even go further to get the whole potency question *par ordre du mufti* out of the world. O, the pharisees and scribes who strain at the gnats and swallow camels?

"Microdosists or where is the limit?" So asks the Philosopher of the American Institute. How wonderful! After having placed the boundary-post at the 12th centesimal, he asks the microdosists—for of the others he can naturally not receive an answer—where is the limit? The limit of what? Of the matter? That limit he himself has already settled with the aid of the greatest mathematicians of the age. Has he (as the advocate for and against (p. 275) apprehended) sawn off the branch upon which he was sitting and suffered therefrom an unkind fall? The homœopathic argument, which he had neglected by playing the

question over to a strange field, that of the physico-chemical school, has made him forget that the branch is connected with the tree. When this tree grows, can he predict where the limit of its growth will be? The trees certainly do not grow into the heaven, they have a distinct limit. Such is also the case with matter, the limit of which has not yet been found in spite of all calculations and theories. And so it is also with the limit of the medicinal force, the limit of which we still seek; for in the thirteen millionth potency of Lachesis the action of this remedy is still recognizable. Some opine that there is no such limit. But I cannot admit this as long as the experiment shows action. My opinion is that there is such a limit, and that we must potentiate till no more action can be discovered.

The Philosopher, following the experience of the physico-medical school, has stopped at the 12th centesimal. Of that which lies beyond this limit he is not entitled to judge if he has not made the experiment. His doubt and refutation then has no value and cannot stop the continued development of homœopathics in this direction. The adversaries forget or neglect that the similitude is just as well necessary for the dose as for the symptoms. The dose must be similar to the reaction of the organism or its life-force. Everywhere that Hahnemann speaks of symptoms-similitude he makes the least possible dose the condition of a successful result. The high potencies confirm the Hahnemannian doctrine. This can not "anders werden" (change).

We will now look a little nearer at the wisdom of the advocates for and against high potencies (p. 276).

"The materiality of the high potencies is still unproved." Naturally it will remain so in all eternity, because a potency is only a force which is carried by the inert material vehicle, but not matter itself.

"Force without matter exists nowhere in nature." Of course not, because the force needs matter as a supporting vehicle, the mechanical force as well as the physical and chemical, besides the medicinal force.

"The medicinal force is dependent exclusively upon the chemical constitution of the medicinal body, it is ingrown in it." This assertion is denied by the potentiation and disproved by the

action of the high potencies on the healthy and sick according to the homœopathic argument. Behold here the physico-chemical fundament of this so-called Homœopathy! Hahnemann has already in his life-time condemned it as the origin of the pernicious mingling sect. The high potencies have justified his teaching gloriously, and taking hold of the science which at present is carried on by the materialists can not make it otherwise.

"This medicinal force can not be separated from the medicinal body nor transferred upon other bodies." This is a mere opinion contradicted by every fact before our eyes. For forces are constantly transferred from one body to another as well in mechanics as in physics and chemistry. That forces can also be separated from medicinal substances and transferred upon other inert substances in Homœopathy Hahnemann has already taught us, and already the few potencies up to the 12th centesimal which these gentlemen on the other side acknowledge, prove the correctness of his observation. For nowhere have they shown that it was the chemical force of the last Mohican of a molecule in this potency which effected a proving or cure. The chemical force is of course only that which by the affinity of the matters effects the solution or combination, processes which again proceed by a transference of forces. However, the *modus operandi* of low potencies, even of the thirtieth centesimal which they acknowledge, has nowhere and never been tried by these homœopathic materialists except by that bastard of Homœopathy, Schüsslerism, and by the efforts of Grauvogl. How do they explain the chemical action of even that notorious twelfth centesimal potency in which possibly still a (calculated) molecule of the original substance may linger? This these chemical philosophers must explain and demonstrate clearly before they dare to throw the high potency overboard.

"The observation of successful healing after homœopathic therapeutic doses can not admit a safe conclusion backward upon the previously used remedy as cause." This sentence is utterly false. If according to this assertion other experiments in physics and chemistry are to be judged of, they would be of just as little value as the therapeutic successes are said to be. The examination of a body by the chemist can certainly teach only by the result (the chemical success) what it is. The advocate says (p.

269) "an empirical fact is no proof." How can that be? The success is a fact and a fact furnishes always a proof. This the advocate proves himself. Since he has not to show any successful healing after therapeutic doses of high potencies he doubts that others like him could not have had such successes, and this doubt again is just as little a proof, since it is founded on no fact. The abuse with the "*post hoc ergo propter hoc*" here comes again to the fore, and yet we don't know anything *propter hoc* when we have not experienced it *post hoc*. Or will the advocate not acknowledge the supreme value of the experiment, because it tries to find out what previously was unknown? There is no surer proof than the homœopathic argument based upon empirical facts, in order to admit the conclusion backward from the action of the remedy high or low potency upon the organism, a proof which of course must have also scientific validity, for the science is, it is to be hoped, not an exception to the common logic. Of many remedies we know enough through the provings of Hahnemann on the healthy that they have ever-recurring, distinctly recognizable symptoms. If these symptoms occur in the sick, they will disappear after the administration of the similar remedy. This is the only art cure that may exist which at the same time satisfies the scientific requirement, if, as must be provided, the experiment was pure. With such artificial self-made difficulties as the advocate creates in order to discredit such results, can nothing be gained. A good homœopathic physician know well to discriminate between art cure and cure by nature. But with the expression art cure also frequently an improper meaning is connected, inasmuch as it is understood by this term that the cure has been effected homœopathically according to the allopathic rules. After all all such art cures are but cures of nature, and since these fulfill the desired purpose, to restore health, they are worth just as much as the art cures which have been effected at the expenditure of enormous pathological erudition. Works of art are not created according to the prescribed rules and laws of science, but they originate out of the spirit of the artist, poet, sculptor, painter. It is just the same with the healing artist. If the *Materia Medica* were perfect and easy of access, everyone would be enabled to see at a glance how art and science united in the production of the success

gained empirically or by art. The greatest scholars have not always at the same time been the greatest artists.

The conclusion backward from the high potency to the constitution of matter is of the highest importance. For through it the Hahnemannian potentiation, of which the high potencies are only the necessary consequence, has become a philosophical instrument which finds its application and use in all departments of knowledge. Hahnemann was far ahead of his time, and though misunderstood, even by many of his adherents, still reaches far into the coming centuries. How long shall it be till the medical profession accepts the conception of things as Hahnemann represents, and makes it the motive of its medical action, if active and intelligent members in our own ranks do not shrink from the impudence of extending their clinched fist at the progress and force it to be content with the satisfactory results which this Hahnemannian conception vouchsafes in thought and action? Though the adversaries try ever so much to calumniate the cause of high potencies, to abuse and ridicule it, they will never succeed in killing it. It is too late for that. Majorities and despotic power can indeed retard the progress of the spirit for a time, but the truth breaks through the restraint victoriously, because it passes from spirit to spirit according to the eternal law of transference of force.

Ceterum censeo macrodosiam esse delendam.

PROF. KENT.

On the 22nd ult., Prof. Kent and Mrs. Kent bade good-bye to Philadelphia to take up their residence in Evanston, Ills., in anticipation of the winter's work at Dunham. The alumni of the Post-graduate School, resident in Philadelphia, turned out in full force at the P. R. R. depot to get a last hand-shake of their esteemed teacher and consultant. Prof. Kent intimated that he would, during the summer, take the long vacation that his friends had insisted upon, so as to be thoroughly rested before the next session's work. His address in Evanston is 1334 Hinman Avenue.

Dr Barton, one of the P. G. S. alumni, is successor to Prof. Kent in his practice, and now resides at the professor's late address, 2133 Walnut Street, Philadelphia.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

MARASMUS—IODINE—CALCAREA CARB.

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

Baby born April 1st, 1896, well developed, medium sized, moderately fat. Position and delivery, normal, easy.

April 4. Colic, cries until wind comes up in hiccough, continues crying, sounds punky, > while by handling and turning, changing position.

Cham. 50m.

April 14. Crying spells come on at any time of day, past few nights after 4 A. M.

continue late in evening.

> sitting propped up, < lying. < when covered from the air, seems to want fresh air.

Forehead wrinkles on temples when crying, smoothed off when quiet.

Flatulence, wind passed up and down, much hic-coughing.

Bowels irregular, goes 2 to 3 days without any stool.

Urine stains napkins pinkish, brick dust stain.

Seems to have much colic, kicking feet and crying severely.

Lyc. 43m.

Midnight. Crying continuously. Kicks, draws feet close to abdomen, pressing limbs up close to abdomen seems to >, also lying bent far forward.

quiet awhile, then begins sharp spells as if pains come on suddenly.
before crying, kicks and screws up feet.

Colocynth cm.

April 15th. After $\frac{1}{2}$ hour spells less frequent and shorter, finally ceased.

April 23. Colic attacks continue, apparently less severe, flatus expelled at any time until $>$.

Sleeps pretty well at night.

Cries much in day, always quiet when nursing or with something in mouth.

Nurses long periods, never satisfied, acts hungry all the time.

sweats about head while nursing.

$<$ noise, laughter; makes her start, even if dozing.

Thin, does not fill out, neck scrawny, wrinkled, limbs thin, forehead wrinkles in temples, growing deeper, no flesh about buttocks.

Uncovers, will not keep the hands covered, always colder than rest of body.

Bowels constipated, goes for days without a stool.

Nat. m. 20m.

May 6. Sleeps $>$, pretty well generally at night, sometimes restless till midnight.

Cries less, looks about more instead of crying when awake all time.

spells last shorter time, some long spells.

Bright eyes, bright expression when not crying; face little less distressed.

Nurses very slowly, keeps at it 1-1 $\frac{1}{2}$ hours, mother's milk supplemented by cow's milk, to be alternated.

Vomiting once or twice on being raised from pillow, milk comes up in throat sometimes when lying down.

Bowels, no stool for nine days until May 1st.

first large, dark brownish yellow, part hard, afterward dry, formed.

lighter color, scarcely stained napkin, so dry.

little straining at stool, seemed much more comfortable after bowels moved.

Abdomen, likes pressure if hand placed against it, presses and hugs it close with both arms and legs, draws self up in a bunch.

Urine stains little better.

Forehead wrinkles little less prominent.

May 11. Had a happy day on the 8th, not since.

Fretful, uneasy, wants constant attention, nothing satisfies more than a few minutes.

Forehead wrinkles extend all across temple to temple.

Bowels, one stool on 9th, first since 6th; strains, cries with stool.

Urine seems to scald genitals.

Umbilicus slightly abraded in folds of skin.

Limbs thin, no fat at all, muscles stretched like cords on inner side of thigh, limbs seem strong, almost forces self off one's lap.

Skin cool all over on covered and uncovered parts.

Wants always to be sucking, nurses very slowly.

Nat. m. 20m.

May 14. Slept better since night of 11th.

Comfortable yesterday.

Lay quietly awake last evening and suddenly gave a terrible scream; when mother went to her, smiled, did not cry.

No stool since 10th.

May 17. Bowels, little better, stool every day since 14th; at first hard, little softer since and lighter last time.

Sleeps little, two hours at a time, once during morning, once during afternoon.

at night from 10 or 12 P. M. to 6 A. M.

when awake, restless and fretful except when nursing. slept yesterday with eyes partly open.

Nursing or sucking a finger relieves all troubles, seems happy only when sucking; to-day finished one-third usual amount in bottle in little more than one hour; always cries when bottle taken away.

better satisfied after nursing breast than she used to be.

Hands and limbs cold most of the time.

Head sweats little less.

Face wrinkles growing deeper, child growing thinner.

Iodine 20m.

Reports made out daily furnished twice a week, from this time on.

May 24. Sleeps little better, goes to sleep earlier in evening.
when awake more contented often quiet for hour or so.
Nursing, takes more milk in less time.
Smiles and occasionally crows a little.
Stools more natural appearance, painless evacuations.
Sometimes two stools a day.

June 25. Bowels regular, stools quite natural and satisfactory this week.

Awake, lies or sits quietly at times, has played with her hands a little.

at times very fretful and sometimes apparently in pain.

Sleep, not long at a time, does not settle down to sleep until 10 or 11 P. M.

Weight (first noted since birth) not quite 7 pounds.
12 weeks old.

Continued same.

July 13. Improving until past week, now more restless and uneasy.

Growing fuller in face, hands more rounded, less bony.
legs thin as ever, no development at all apparent.

Abrotanum (clearly an error).

July 29. Worse past few days, seemed to get along pretty well before.

long worrying spells, acts hungry, cries, very much as in May.

Gains no flesh; face looks peaked, wrinkles as they have been; had been looking somewhat better.

Head drawn back at times, momentarily.

Mentally growing, takes notice of objects about, seems to recognize those about her, reaches out to play; laughed out a few days ago.

Iodine 20m.

August 13. Was better after last report till weather grew hot (Aug. 1st), better on cool days; talked to herself, played, laughed, tried to raise herself.

(Scorching hot.)

Digestive disturbance, vomits, wind-colic, curdled stools; still hungry.

Perspiration has been free until 8th, then checked, and skin broke out with heat rash.

Skin in little blisters about shoulders, rash all over.

hot and dry, especially head; "seemed burning up with heat."

Coryza, eyes and nose running, discharge watery, clear. eyelids reddened about edges.

Restless, fretful, not comfortable in any position.

Aconite cm.

Sep. 16. Improving steadily; growing plump about buttocks, noticed for two weeks past.

wrinkles in forehead not so deep.

weighs 8 pounds.

Nursing; seldom settles down to sleep at night without nursing both breasts.

Continued.

Sep. 30. Face and neck growing little fuller.

Gaining strength, "can almost see her gain in the back, holds heads up well," does not like to lie down.

Continued.

Oct. 16. Worrisome and fretful always at night.

Nursing, not satisfied with one breast.

Iod. 50m.

Oct. 27. Teething troubles, feverish and restless with other symptoms.

Cham. 50m.—followed by relief.

1897.

Jan. 7. Weight on Nov. 16th reported 10 pounds, no increase shown now over that.

Sleeplessness has been increasing until now she sleeps scarcely any but short naps.

lying on mother's arm falls asleep, but is wide awake as soon as laid down; goes to sleep late night, wakens early in A. M.

Bowels irregular and stools little hard.

Wants constant attention.

Cough week or so, now rattling on chest.

Nose stuffy.

Head large in proportion to body, especially about upper part.

sweats about head in sleep, when nursing.

Feet and lower limbs moist and cool.

Teething slow.

Calc-c. 13m.

Mar. 30. Improvement since last report almost constant.

Teeth, 1st two erupted in January (10th month), two more in February.

others coming now.

Sleep has always been subject of complaint.

improved after last report, but night sleep disturbed, and in day time little at a time; seems to be worse again of late.

Fretful little more of late; wants to be with mother when she is in sight.

Disposition mother has constantly reported, "grows sweeter and prettier, daily."

Weight 15 pounds, a gain of 5 pounds in two months.

Roseola rash, other children have it past few days.

Calc-c. 13m.

This case does not start out as one representing brilliant prescribing, but shows rather many mistakes and the futility of anything save the remedy fully suited to the case. The first few weeks, until the third month, indeed, were difficult ones for the attendant. Almost no symptoms but the continued crying, and little apparent cause for that, gave a case requiring closest study. The child did not thrive and was uncomfortable, and the family greatly disturbed. The first remedies given were directed toward colic simply, as it was not until further watching that the very deep nature of the disorder was manifest. For a time *Nat. mur.* seemed the proper remedy; but the short period of amelioration showed it inadequate, and when Iodine was studied it seemed to cover the full nature throughout.

The change following the administration of Iodine showed order internally, though there was little difference to a casual observer; but as time went on even the casual observer could

note a change, as physical development followed in its turn. With the long-continued constipation and the hint of the "cri encephalique," there were fears of hydrocephalus entertained and directions were given for measuring the head from time to time. The cow's milk was ordered because the mother's milk did not seem to satisfy, but was not continued long.

Throughout the summer the appearance of the child was not at all prepossessing or calculated to inspire much hope. Seven pounds at twelve weeks is manifestly a small weight, and at a glance one would say most of it was in the head, where large, deep-set eyes and an almost always open mouth were the chief features.

One relative seeing the child asleep in the coach suppressed a look and exclamation of horror only because the mother was looking at her, but she thought at first she gazed at a corpse. Another proposed that it would be better for it to die before it grew up. Another wanted to know if the doctor really expected to make a success of the case. The mother had cared for six children, brothers and sisters of this, but hardly knew to handle so frail a being and dared take almost no step without asking permission.

The baby was carefully watched and the written daily reports from the end of July to the last of November include almost every change in the infant's life during that period. From the time it was three weeks old and all summer it was taken out doors during the most suitable part of each day that was not too damp or stormy, and usually fell asleep there. About the middle of August a half teaspoonful of olive oil was daily given, and this was continued until November, when it was stopped because it was vomited. With this exception the food consisted of nothing but milk. Of course when the evidence was so clear that the child did not thrive there were many suggestions of prepared foods that might agree better, but an explanation that the difficulty with the child must be corrected gained supremacy of control if it did not prove wholly satisfactory to the friends. The addition of any milk to the breast feeding was made only because there seemed a possibility that the milk was not at the time quite sufficiently nutritive, and it seemed in a sense unsatisfactory to the feeder.

The result of putting the child in order, to make it possible to assimilate the natural food, is easily a successful rival to the most lauded prepared food "specimen babies."

To watch the development in the past year has been truly interesting and the change almost incredible. The flesh is plump, firm and solid, not fat and flabby. Every part of the frame seems well cushioned, and even the feet are thick, solid and strong. Since the body has developed the head seems far less out of proportion and the large eyes are suitably accompanied by full cheeks and a clear brow.

In spite of all set backs and its small weight of fifteen pounds the child is not far behind the development belonging to one year. With four or five teeth, erupted with almost no difficulty and making earnest attempts to talk; with the capacity to enjoy bread and broth and kindred food and a quick perception and imitation, all crowned with a sweet and happy disposition, she is not an object of reproach and her mother is not now, as she was last summer, ashamed to have her seen. One neighbor says "she has been entirely made over, from stomach out," and it is almost impossible to contrast her at present with the being which seemed an overabundant supply of skin hanging loosely, in wrinkled folds, upon a very prominent frame, of which almost every bone could be outlined and where the attachment of many muscles could be easily demonstrated. The closest simile to her former appearance is an India rubber baloon which has been inflated and then collapsed.

From beginning to end the sleeplessness has been prominent and still persists, though it may be partly accounted for by the liveliness of the other children, who are not by any means quiet, and further, indulgence in habits of feeding not the most desirable. Both of these factors naturally tend to disturb sound sleep and prevent prolonged periods of sleep.

EDITORIAL.

For several years the Faculty of Dunham Medical College has expressed a strong desire for a conjunction between that college and the Philadelphia Post Graduate School of Homœopathics, and in the advertisement of this issue the announcement is formally

made of the affiliation. Prof. Kent's visit to Dunham at the commencement of last session tended to remove the obstacles in the way of a transference of the Post-Graduate School to Chicago, and the enthusiastic reception tendered to him at that time augurs well for the success of the movement. It has long been the conviction of those who have benefited by Prof. Kent's incomparable lectures on *Materia Medica* and original researches in homœopathic philosophy, that the Post-Graduate School was an inadequate medium for communicating to the profession that which would be most valuable in the permanent establishment and furtherance of Hahnemannian Homœopathy. Prof. Kent has been, from his conversion to Homœopathy, at all times associated with the men who were and are universally acknowledged as the closest followers of Hahnemann, and he has for many years been the mouthpiece of that branch of the homœopathic school which adheres tenaciously to the doctrines inculcated in the *Organon* and *Chronic Diseases*. Not only so, but what is rightly called "Kent's method" of teaching *Materia Medica* is now known and appreciated by students in all countries. No one has done so much to simplify and make interesting the symptomatology of our remedies; the pictures he has given, in his lectures, of drug-patients are so well delineated that on all hands a permanent impression has been made on *Materia Medica* students and the result has been a better class of clinical work. The haphazard unhomœopathic prescribing that we daily see done in the name of Homœopathy is largely due to wrong methods of teaching *Materia Medica*, and lack of proper instruction in the basic doctrines. So long as homœopathic colleges neglect the *Organon* as an essential in their curriculum, and so long as they stick to the mere reading of symptoms as their method of instruction in *Materia Medica*, just so long will we have what Hahnemann first described as "mongrel" Homœopathy. Prof. Kent has long been known as one of the most prominent of the "purists" who advocate a return to the old ways of using only remedies proved upon the healthy, on the principle of similars, given singly and in potentized form. We are heartily glad that the opportunity has been given our worthy professor of reaching a larger number through his lectures than ever before, and on the other hand congratulate Dunham Medical

College on the acquisition of Dr. Kent to their teaching staff. Many have long felt that a post-graduate course extending over three or four years was an impossibility to the majority of young physicians who were disposed to take Prof. Kent's lectures, but now the undergraduates will be able to take as part of their four years' studies all the teachings hitherto only obtainable in the Philadelphia School. We have in Dunham, therefore, the answer to the oft-repeated question—What homœopathic college is strong in the ordinary branches of medicine and yet, at the same time, teaches pure homœopathy? Many Hahnemannian physicians have, for want of such a school, chosen rather to send their sons to allopathic universities, with the intention of post-graduate study in Homœopathy, but this course is now unnecessary, for Dunham has acquired from various sources the best teachers in the subjects common to both schools, and as to the essentially homœopathic department, the name of Prof. Kent is sufficient guarantee.

AN ANNOUNCEMENT.

The affiliation of the Philadelphia Post-Graduate School of Homœopathics with the Dunham Medical College, 370 South Wood street, Chicago, is now announced. The Philadelphia school is to be moved to Chicago. Professor James T. Kent, and Drs. Harvey Farrington and H. A. Cameron, so long closely identified with the Philadelphia school, will take up their residence in Chicago and begin active work at the Dunham this September, the beginning of the sixth annual session. A post-graduate school will be established. The Philadelphia teachers will continue in that department as well as in the medical school. The Dunham's faculty, which will be still further materially strengthened, will assist also in the post-graduate teaching. A four years' graded collegiate course, covering thoroughly all branches of medicine, will be taught as before. Hahnemannian Homœopathy will be faithfully and conscientiously taught at all times, the faculty being a unit as regards the necessity for a thorough groundwork upon this most important subject. Prospectus will be issued shortly, which will be gladly mailed upon application.

Address all correspondence to
JOHN STORER, M. D.,
Registrar and Treasurer,
1007 Columbus Memorial Building,
Chicago, Ill.

CHARLES FRIEDRICH GOTTFRIED TRINKS.

The following biography was written by the old friend of Dr. Trinks, Dr. Hirschel, soon after his death. It was translated by Mr. Walter H. Dunn, of Cambridge, England, and published in the *Monthly Homœopathic Review*:

Trinks was born at Eythra, near Leipsic, January 8, 1800. His father, Daniel Gottfried Trinks, was a miller. At nine years of age he was sent to the village school. Fortunately for Trinks, his father's brother, Christian, was connected with this school. He, being a well-educated man, soon perceived that in his nephew he had a boy of more than ordinary ability entrusted to his care. Under his direction, Trinks made his first acquaintance with Latin and French, with history, mathematics, and some branches of natural science. With Greek he scraped an acquaintance with no other aid than that of a Greek grammar. In 1814 he was removed to the grammar school of Merseburg. Here he worked hard, his industry being rewarded by the love of his teachers and the generosity of his uncle, through whose liberality he was enabled to devote himself to the study of medicine. Unhappily his uncle died shortly after his entrance at the University of Leipsic. With his death his means of living became greatly straitened. His mother having always opposed his desire to become a physician, in the hope of turning him to more profitable account as a miller, limited his allowance to some six shillings a week. Trinks was in earnest, and a poor dinner never yet stood between the man who is really in earnest in the acquirement of learning and the accomplishment of his design. What Trinks wanted in money he made up for in energy.

Before going to Leipsic, the surgeon of his native village, Bodentein by name, had given him some instruction in the elementary parts of practical surgery. With this gentleman, who removed to Leipsic, he resided during his career at the University, which commenced at Easter, 1817, by his being enrolled a pupil of Beck, a well-known physiologist of that day. He remained at the University until July, 1832, taking his degree of Doctor of Medicine in the September following. The title of the

thesis defended by him on this occasion was as follows: "*De primariis quibusdam in medicamentorum viribus recte æstimandis dijudicandisque impedimentis ac difficultatibus.*" In this essay the author displayed that love of therapeutics which he never ceased to feel during his whole career, and to his intimate acquaintance with which may be traced his success as a practical physician. In this youthful production he displayed, in correct and classical Latin, the sources of error in acquiring a knowledge of remedies which have arisen through theoretical speculation and fallacious experiments. He pointed out the difficulties surrounding the prescription of medicines caused by variations in the susceptibility and power of reaction of the organism, those presented by age, sex, constitution, mode of life, and by the combination of drugs in estimating aright the nature of medicinal action. The influence of the homœopathic school upon him is here observable in his desire for experiment, for obtaining the specific and dynamic action of drugs and in the need he sees for a simple arrangement of remedies.

Previously to the time when this thesis was defended he had been acquainted with some of Hahnemann's colleagues, with Frantz and Hornburg, and subsequently with Hartmann, Langhammer, and others. No one, however, had greater influence over the young student than Hartlaub, senior, who earnestly directed him to the new therapeutic light, their mutual interest in which formed a bond of union and enduring friendship. Hahnemann, whom he frequently saw in the promenade at Leipzig, he visited first at Cœthen in 1825, again in 1832, and once subsequently with Councillor Wolf.

In 1824 Trinks settled in Dresden. He and Ernst von Brunnow were the earliest homœopathists there. His intellectual clearness, his critical acumen and ability as a physician soon gave him that prominent position required for the success of the new school, to the development of which he devoted an energy and zeal which could not brook imperfection in anything towards which they were directed. Notwithstanding his increasing professional engagements, he felt dull and lonely in Dresden and removed to Bremen, only, however, to return to Dresden at the end of the year 1826. His practice and reputation spread rapidly and provoked the enmity of his allopathic neighbors so far as

to lead to his being summoned before the magistrates on the charge of dispensing his own medicines, a practice prohibited in Germany, but long since permitted to homœopathic physicians. In December, 1827, he married. In 1830 Trinks attended the first meeting of homœopathic physicians held at Leipsic, and assisted at the foundation of the Central Society of German Homœopathic Physicians.

The only volume of importance published by him was that in which he was a joint author with Noack—the well-known Noack and Trinks' Handbook of Materia Medica; but the essays he has contributed to the periodical literature of homœopathic medicine are numerous.

In person Trinks was tall and stately; his head handsome and well developed; his blue eyes expressed the earnestness and power of penetration which marked his character, while the roseate hue of his cheeks gave the old man quite a youthful freshness of countenance which he never lost to the last.

Intellectually he was clear, keen and critical to a fault. It was in polemical rather than in original oratory that he excelled. He possessed a well stored and wonderfully retentive memory. His preference for fact over theory, his love for the real rather than the ideal, contributed largely to make Trinks what he was, a thorough physician. Homœopathy he loved, because in its school alone did he meet with that full development of the principle of pure observation he felt to be so necessary for the practice of medicine.

His habits were of the simplest, and their being so doubtless conduced materially to maintain that degree of sound health which during forty-four years of arduous professional labors knew not the interruption of a single day. His reputation as a physician and his services to persons of high rank, met with suitable acknowledgement in his decoration with several royal orders and his advancement of Medical Councillor.

He died at Dresden on the 15th of July, 1868, after an illness attended with much suffering.

PERSONALS.

Dr. J. J. Boyd has removed to Sarcoxie, Mo.

Dr. Thos. J. Clark has removed to Centralia, Mo.

Dr. D. W. Miller has removed to Kimbal, Kans.

Dr. Ethel Reid has removed to Stark, Kans.

Dr. A. Katharine Kline, after acting as resident physician in the Women's Homœopathic Hospital, and taking a partial course at the Post-graduate School, has opened an office at 170 Bowers street, Jersey City, N. J.

Dr. C. T. Canfield has removed from Chicago, Ills., to 106 South Walnut street, Pittsburg, Kans.

BOOKS FOR REVIEW.

REFRACTION AND HOW TO REFRACT, including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eyeglasses, etc., by JAMES THORINGTON, A. M., M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. 200 Illustrations. Cloth, \$1.50. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

The above work by Prof. Thorington gives in a concise way the practical side of refraction and so well has he arranged the matter that the book is one that will meet the needs of all beginners in the study of ophthalmogy. He has avoided the discussion of disputed points and accomplished his aim in writing especially for practitioners and students who may have a limited knowledge of mathematics. From a short dissertation on optics the author discusses the method of examining patients, the use of the ophthalmoscope and retinoscope, the subjects of hyperopia, myopia, astigmatism, presbyopia, muscular imbalance and the use of the different cycloplegics, concluding with practical information anent the prescribing and fitting of glasses. The text is fully illustrated, nearly every assertion being elucidated by a diagram. Altogether a thorough handbook of the elements.

NEW, OLD AND FORGOTTEN REMEDIES. Papers by Many Writers, Collected, Arranged and Edited by E. P. Anshutz. 368 pages. Price, cloth, \$2.00; by mail, \$2.20. Boericke & Tafel, Philadelphia, Pa.

The publication of such a book as this is at all times commendable and Mr. Anshutz has done good service to the homœopathic physician by collecting and presenting in such a compact way all that has hitherto been attainable only in our periodical literature. Of course in his dragnet the author has taken fish good and bad, but when the haul includes so many good provings the unproved empirically used remedies can be excused or noted for future observation. Among the proven remedies we note *Anagallis*, *Azadiracta*, *Cereus bonpladii*, *Chionanthus virg.*, *Cornus alt.*, *Echinacea*, *Fagopyrum*, *Heloderma*, *Lathyrus*, *Onosmodium*, *Oxytropis Lamberti*, *Paraffine*, *Parthenina*, *Penthorum*, *Pothos*, *Primula*, *Pyrus Americana*, *Scutellaria*, *Wyethia*. The reading matter on the empirical use of other medicine is suggestive and may lead to the proving of some of the drugs, so that their definite sphere of use can be ascertained.

ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION
OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA. THURSDAY, MAY 17, 1900.

The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 17, 1900.

The business meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 9.45 P. M., at Horticultural Hall, Broad Street above Spruce.

The Trustees and Faculty of the College extend a cordial invitation to all members of the Alumni and their friends to attend the fifty-second annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. Corner Broad and Locust Streets, Philadelphia

Banquet Cards can be secured by notifying the Secretary. Requests received after Wednesday, May 16, 1900, cannot be considered.

W. D. CARTER, M. D., '94, *Secretary*,
1533 South Fifteenth Street, Philadelphia.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

MINNEAPOLIS, March 28, 1900.

DEAR DOCTOR:

Arrangements already made indicate a successful meeting of the Minnesota State Homœopathic Institute, at its thirty-fourth annual session in Minneapolis, May 15th, 16th and 17th next. The chairman of the local committee of arrangements, the indefatigable Dr. Cora Smith Eaton, announces an enjoyable entertainment for the evening of the second day—May 15th. The bureau chairmen are industrious, and all desire that you be present,—with a paper, prepared to take part in the discussions, the most valuable part of the sessions. Should you, by any oversight, fail to be invited by a bureau chairman to prepare a paper, write at once to the secretary, giving the title and bureau to which it belongs.

Kindly notify the secretary before May 1st, so that the programs may be complete for mailing by the 10th of May.

HENRY C. ALDRICH, *Secretary*.

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Gefzgenfunden Gern Gefinnen Rath u. Thunen!

Ist unser in unser Dinst Ihr Besshandlung
gestellten Bedingungen oder Rückhalt an, bitten wir
uns, wo möglich, die letzte Vorwahl aus.

Es aber wird sich die geschehen Anzeigen
hinsichtlich in willkürlicher Weise finden, so
bin ich so frei, die in Ihrer Handlung, Consistenten
sich dafür zu versetzen, damit der Vorteil nicht
durch die allseitigen Anzeigen gefährdet werde.

Vorfallt aber in der That zuerst in Ihrer Handlung,
so adressiere ich nicht bloß an Ihre Besshandlung

Ertheilte 29. Dec. 1831,

Herrn v. d. Hagen-Sam. Hagen,

Journal of Homœopathics

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No. 2.

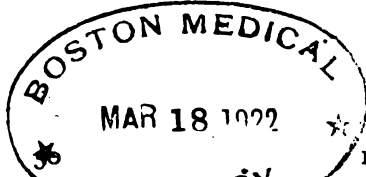
DEPARTMENT OF MATERIA MEDICA.

BRYONIA.

Lecture delivered by PROF. KENT at the Post-graduate School.*

Every medicine has a sphere of action, a peculiar nature whereby it differs from all other medicines, and hence it becomes suitable to complaints of one class and not suitable to those of another. It is like the nature of human beings, as they differ from each other, and also like the nature of diseases, which differ from each other in character. We study a remedy also in regard to its velocity and continuance, its remittance or intermittence. The symptoms of some remedies come on suddenly, with great violence, with great rapidity, stay but a short time in their paroxysm and go off as if nothing had happened. Others come on slowly, stay right on and are continuous, like the continued fevers. We notice the complaints of *Ignatia*, how flitting and intermittent and unexpected everything is; we notice in *Aconite* how complaints come on with violence, and in *Belladonna* with what suddenness they come on. When we come to the study of *Bryonia* we find it is a most persistent remedy; its complaints do not come on in a minute, they develop slowly, *i. e.*, *slowly for acute conditions*. Its complaints are generally continuous, and only occasionally intermittent. They increase into violence, but the violence is not the first flash as in *Aconite* or *Belladonna*, and hence it conforms to a type of disease with *con-*

* Stenographically reported by Dr. S. Mary Ives.



BRYONIA.

~~tinued fever;~~ to *rheumatisms* that come with gradually increasing severity and with a gradual rapidity, gradually increasing and involving one joint after another, until all the *white fibrous tissues* are in a state of inflammation, pain and distress. It has, as a grand feature, inflammatory conditions anywhere about the body, but particularly of the whole fibrous tissues, serous membranes, ligaments of joints and aponeuroses. It also affects the coating of nerves with its congestions, and these gradually increase in severity.

From the very beginning there are present the characteristic features, so that quite early in the case it may be seen that this patient is coming down with a Bryonia something or other. The patient has several days of preparation, in which he does not know what is the matter with him. He does not feel very well, is so languid and tired, does not want to be spoken to, does not want to move and this gradually increases; pains begin to flit over the body, they move around here and there over the fibres in one place and another, and every time he moves the pains keep on increasing until they end in a steady and continuous pain. The parts become hot and inflamed, and at last he is down with a full-fledged rheumatism. The complaints come on *after taking cold*, not the first few hours, as in *Aconite* or *Bell.*, but the day after an exposure he begins to feel uneasy and troubled, he sneezes and runs at the nose, there is rawness in the chest and in a day or so he has a chill and comes down with some inflammatory trouble, principally pneumonia or pleurisy. Its inflammatory complaints include inflammation of the membranes of the brain, sometimes extending into the cord; the pleural membranes, the peritoneum and the heart covering, these are the most common; it also has inflammation of organs. When these conditions come on, there is noticed, very early in the case, even before the pains begin, an aversion to motion, and the patient does not know why, but finally he observes that his symptoms are made worse if he has to move, so that the slightest inclination to move is resisted with a feeling of anger, and when he does move he finds he is aroused to great suffering and that all the aches and pains of the body come on. Thus we have the well-known black letter *Bryonia aggravation from motion*. This runs all through the remedy.

This medicine is suitable in a great many diseases, diseases of a *typhoid nature*, diseases that take on a symptomatic typhoid type, diseases that start out as remittents and run into a continued type of fever, as in pneumonia, pleurisy, inflammation of the liver, of glands, of the bowels, etc. It may be a gastro-enteritis or peritonitis, or any kind of inflammation of the bowels with the awful sensitiveness, the aggravation from motion and the desire to keep perfectly still from the beginning to the end. Inflammation of joints, whether of rheumatic character or not, whether from cold, exposure or injury. Bryonia is often indicated in injuries of joints where *Arnica* would be a failure.

There is an extreme state of *irritability* in Bryonia, running through all its acute and chronic complaints; every word which compels him to answer a question or to think will aggravate him. The effort to talk will be attended with horror; he is too irritable to answer distinctly, and this especially in normally good-natured people. At the beginning of complaints you go to the bedside of a patient who has been grumbling a few days; something is evidently coming on; the family meet you at the door and say, "the patient is almost unconscious;" you look at him, the face is puffed and purplish, he seems to be dazed, there appears to be a sort of venous stasis all over the body, but especially about the face; his countenance is almost that of an imbecile, yet he is perfectly capable of rousing up and talking although he has an awful aversion to it and appears to outsiders to ignore everything that is said. This sometimes comes on apparently in a short time; the patient awakens in the morning with a dull, congested headache and a stupid feeling in the head; dulness of mind, so that he cannot work, and this feeling gradually increases; such a state is sometimes the forerunner of a serious illness. We find when a pneumonia or inflammation of the liver, or some slow insidious inflammation, is coming on somewhere in the body, but not yet located, that this state will begin in the morning. This is peculiar about the aggravation of Bryonia; its troubles commence many times early in the morning. On waking, with the first move, he realizes that things are not all right, there is a state of stupidity bordering on unconsciousness. Those who have been grumbling for a week or ten days wake up in the morning feeling

miserable, some time that night or the next day they have to send for the doctor. If this is watched for a few days a continued fever is observed, and it will gradually run on toward typhoid. Or at night a chill will come on with much pain in the chest, rusty expectoration, short, dry cough and other symptoms that will be spoken of under Bryonia later, showing that the trouble is going towards the chest; or the condition may gradually increase as a congestive, dull headache. This will be seen when congestion of the brain is coming on in young plethoric individuals. Bryonia often picks out *plethoric* subjects to work upon rather than the weakly ones, those who are venous in their make up, those who when suffering with cold come down with catarrhal congestions. Every conceivable *catarrhal fever* may be covered by Bryonia when the symptoms agree. This *sluggish* state of the mind then is the state of Bryonia, not an excitable state, as in *Coffea*, *Nux vomica*, *Ignatia*, *Opium*, but sluggish, aggravated from motion, aggravated from being talked to, wants to lie still in bed curled up in a knot, to be left alone and never talked to; very great irritability, which is as extreme as that found in *Nux* or *Chamomilla*. This irritability is both acute and chronic. It may be of long lasting character; his chronic complaints are greatly aggravated if his mental state is disturbed, and he is aroused to a great state of nervous excitement with rage; it also has acute complaints aggravated from anger, from being aroused, from being disturbed, from controversy. Following the early sluggishness, there is later a state of complete stupefaction in Bryonia, in which he becomes quite unconscious, as in typhoid. He goes from a state of partial unconsciousness to one of complete unconsciousness, as in hydrocephalic children.

In rheumatic complaints, in pneumonia, and in typhoid conditions, when he is aroused from this state of stupefaction he is confused, sees images, thinks he is away from home and wants to be taken home. Sometimes he will lie and say nothing but that he "wants to go home." He has mental agitations of all sorts, but all of these are passive. The delirium is of a low type; it is not the flashing wild excitement of *Bell.* or *Stram.*; it is the very opposite; he talks and wanders and does not say much unless he is disturbed. You disturb him and he says, "Go away and let

me go home," and if you let him alone he will lapse into a perfectly quiet state and seldom speak. Many remedies go right into a state of loquacity and do a good deal of talking. "Irrational talk or prattle of his business, aggravated after 3 P. M." Usually you will find the *delirium* commencing about 9 P. M. and keeping up all night like the fever. The *acute mental state* you will find manifesting its symptoms *on rising in the morning*, but as the febrile state advances and takes possession of him the symptoms will take on a 9 P. M. aggravation; those who chill will at have it 9 P. M.; in those who have a fever, the fever will come at 9 P. M. If mental symptoms are uppermost they increase and spread over the night until morning. It speaks here of a 3 P. M. aggravation. *Bell.* will begin at 3 and run on towards midnight and morning, but *Bryonia* will begin at 9 P. M. and run on through the night. The aggravation of the *Chamomilla* patients, who are also extremely irritable, is at 9 A. M. Sometimes we go to the bedside and can hardly distinguish between *Bryonia* and *Cham.* because they are both so tremendously spunky, but the *Cham.* baby is worse at 9 A. M. and the *Bryonia* baby is worse at 9 P. M., and both are so irritable to get along with that they need an extra nurse.

In *Bryonia* there is a key-note which really applies to a dozen or more remedies, but it has been used as a key-note and has caused physicians to shoot *Bryonia* into everybody who had the symptom—"he wants something and he knows not what." Although this is a very important and strong symptom of *Bryonia* it is not by any means an infallible guide. It is a symptom that calls for *Bryonia* only when the rest of the symptoms agree. It may cause you to look into the case and see if *Bryonia* agrees with the whole, and if, after looking carefully into every part of the case, you find all the rest of the symptoms belong to *Bryonia* then you may give it. But all our routine prescribers, if they get this symptom, take out their case, fill a glass with a lot of nasty bitter *Bryonia* and feed it to the patient from daylight until dark, until he is sick and has to send for another doctor. You go to a child who is being carried in the arms of the nurse and wants one toy after another; you get the toy he wants for him and he does not want it and will throw it back at you. When

that case is looked into thoroughly it may, be seen to be covered by *Kreosote*; another is carried in the arms and is never satisfied with anything and rejects everything he asks for; you look into that case and it may be covered by *Chamomilla*. The key-note system has only furnished a stumbling-block for ignoramuses. Hering used to say no stool would stand on less than three legs, and it is true if you get three of these key-notes together they will often be likely to cover the case, but there are things that indicate and things that contra-indicate. One grand state may change the aspect of a whole case. You may get in one patient all the symptoms of Bryonia and yet one general symptom, described in one or two words, may contra-indicate the whole remedy.

“Desire for things that cannot be had which are refused, or not wanted when offered.” “Apprehensiveness; fearfulness.” “Anxiety in whole body compelled him to do something constantly.” There is a feature worthy of consideration because it sometimes makes a case appear inconsistent. It is due to this anxiety that pervades the whole body. In Bryonia as in *Arsenic* there comes an anxious and uneasy feeling which compels him to move, but he is worse from motion, yet so uneasy and anxious that he must move. There are pains so violent that he cannot keep still, and yet when he moves he screeches out from the pain. So it is really not an inconsistency but simply due to the great violence of the pain. Even though he knows that the motion is going to make him worse, he cannot keep still, for the pain is so violent. I have seen patients walk the floor of my office and say, “Oh, doctor, how much worse it is when I move! I cannot keep still for it is so painful.” Early in the case he was able to keep still, and found that he was better from keeping still, and that the mental state was better from keeping still, and that the anxious restlessness increased the more he moved, until finally a reaction comes and he is obliged to move. You would think, looking at the case superficially, that that patient is better from motion as in *Rhus tox.*, but in *Rhus* you find that the patient moves, and in moving he gets feeble, and when he sits down the pains begin to come on again. There is the distinction between the two, and yet they look alike if not examined into carefully.

There is a state in Bryonia that had better be spoken of now ; I may speak of it again or I may forget to. It is this: Certain pains are worse from every slight motion, yet often, like *Rhus tox.*, if he keeps on moving they will subside. Such pains are in the *back* and *limbs*. Early in the case if he keeps on moving and gets limbered up and warmed up he is sometimes better. It is common for Bryonia to be ameliorated from *cool air*, and from *cool applications*. Now if he moves until he gets warmed up, the pains are worse, but there are rheumatic complaints of Bryonia which are better from heat, and under these circumstances he is better from continued motion. It is another form of relief, and another of the modalities. I sometimes wonder whether Bryonia has a greater element of relief from heat, or greater element of relief from cold. Most of the *head complaints* that are of a *congestive* character are better from cool applications, from cold air, etc. Yet there are some of the Bryonia head complaints that are relieved by hot applications, and these seem to have no accompanying cerebral congestion. So that Bryonia has opposite modalities, but in all its opposite states there is still a grand *nature* running all through, sufficient to detect it.

In this climate Bryonia is one of the most frequently indicated remedies, but in the clear climates, where the thermometer runs low, *Aconite* will be indicated more than Bryonia. Still further South, the complaints assume more of the constitutional state of *Gelsemium* in inflammatory conditions. We know in the far North the sudden, violent cold brings on violent colds like *Aconite*, while here the complaints are more insidious, like Bryonia, and further South, still more so. These atmospheric changes should be thoroughly considered in relation to our *Materia Medica*.

The mental state of Bryonia is usually relieved from cool air, he wants the windows open. Anxiety, confusion of mind, fear, etc., are all ameliorated from being cool. Sometimes the delirium, and the congestive fulness of the head affecting the mind, will increase if the room becomes very warm, or from the heat of the stove, from getting heated up, or from warm covers. In children this will be noticed, whereas if the window be thrown up to relieve the stuffiness of the room the child will sleep quietly.

Such remedies as Bryonia, *Apis*, *Pulsatilla*, and many others, come in here. If you go into a room and find the child raging with delirium, turning and tossing, and the mother is trying to keep the room warm because *she* is chilly, and you say, "Why how stuffy it is in here!" and you put up the window and then notice that the child goes off to sleep, do not overlook that; be sure and observe it, because that relief was caused by something. There should be nothing that can possibly occur to a patient, but that you should solve the meaning of before you leave the room. Settle in your mind as to what it was that caused it.

"Fear of death." Full of fear of all sorts of things, anxiety, despair of recovery, great despondency. Both mental and bodily quietness is required, that is, he wants to keep still. Often he wants the room dark. "Very irritable, inclined to be angry." It has complaints from getting excited. Bryonia patients are nearly always worse from visitors; if you have a Bryonia patient do not let any visitors in. "Morose." Do not cross a Bryonia patient for it makes him worse. "Bad effects from mortification." "Ailments arising from chagrin;" these are headaches usually. Violent, congestive headaches that come on a few hours after altercation or controversy, or little misunderstandings with somebody that he cannot talk back to, will be covered with *Staph.*, but Bryonia also has that. *Staph.* is suited to irritable, violent, nervous, excitable people, that get into violent altercation or dispute, over a bill for instance. If a headache comes on such a patient may need Bryonia. If in a chronic state a patient says, "Doctor, if I ever have a dispute with a man over anything I come down with nervous excitement, sleeplessness, headaches;" you do not have to work long upon that case, because more than likely *Staph.* will fit in here.

Bryonia has almost all kinds of *dizziness*; the dizziness is worse in a warm room. You will notice, as I go through, that in everything of a nervous nature, nervous excitement, and commonly the bodily state, the patient is worse from a warm room, worse from too much clothing, worse from the warmth of the bed, wants the windows open, wants to breathe fresh, cool air. He suffers more than ordinary persons, more than healthy per-

sons, from a stuffy room. Persons who are subject to Bryonia conditions suffer wonderfully in church, at the opera, in close warm rooms, like *Lycopodium*. Girls that faint every time they go to church are relieved by *Ignatia* while in church, and often cured when they get home by *Natrum mur*.

LECTURE II.

We commence to-day with the study of the head. The head complaints may be looked upon as striking features of the remedy, because there is pain in the head with almost every acute complaint. Headaches are associated with inflammatory complaints and congestive complaints. The mental dullness and confusion of the mind is spoken of with the congestive headache, and bursting headaches. The head feels so full she wants to press it with the hand, or tie it up; tight pressure of uniform strength, over the whole skull, is grateful. The headaches are worse in a warm room as a rule and commonly worse from heat. Sometimes superficial neuralgias have relief from local heat, but a warm room or a close room is very distressing to the Bryonia headache. Headaches as if the skull would split open; the pains are worse from every motion, even the winking motion of the eyes, the motion necessary to talking, and the effort of thinking, so that all exertion of body or mind becomes impossible with a severe headache. Must keep perfectly quiet. Sometimes lying down and keeping perfectly quiet in a dark room will give some relief. Light aggravates; if you think a moment you will see that the accommodation to light and shadow of a room involves motion; it is said that the light aggravates, but even here it is the motion that is carried on by the muscles of accommodation. The headaches of Bryonia are very commonly the forerunner of other complaints, congestion of the lungs, bronchitis, or congestion of some other part of the body; he wakes up in the morning with headache; if it be a coryza that is coming, he has the headache in the morning and through the day he commences to sneeze; or if the trouble is in some other part of the body, before the symp-

toms develop, he wakes up in the morning with this congestive headache over the eyes or in the back of the head, or both; it seems as if the head would burst; better from pressure, worse from the warmth of the room, and worse from every motion. Headache over the eyes, sometimes like the stabbing of a knife, worse from the first motion. He realizes it on waking, upon moving the eyes, with soreness in the eye balls, with bruised feelings all over. The motion of the arms, doing work with the arms, as in various kinds of business that are carried on with the use of the arms and hands, is generally accompanied by complaints of the upper part of the body and especially the head, so that one of the old keynotes in the time of Hering was "complaints from ironing." You know that ironing is commonly carried on in a warm room, it involves the motion of the arms, and thus brings in two most striking features of Bryonia, so that this keynote is no longer an abstract statement; it is not to be considered apart from the general nature, but only serves to bring it out. Splitting, violent congestive headaches; headache as if everything would burst out of the forehead. Pressive pain in the forehead, fulness and heaviness in the forehead as if the brain were pressed out. Many times this fulness and congestion of the head is accompanied by what was described as sluggishness of the mind, and it will often be noticed that the countenance is somewhat besotted. The patient looks as if he were an imbecile. The face is mottled, and purple, with awful congestion in a marked Bryonia state. The eyes are red and congested; he is listless, does not want to move, to speak, or do anything, because all these things are motion, are efforts, and they make him worse. You will see this is also true in *Bell.*; it has all of this congestion and pressure; but remember that Bryonia is slow, sluggish, passive and insidious in its approach and progress, while in *Bell.* the mental symptoms and everything in connection are marked by activity. With the headaches there is more or less burning, and sometimes throbbing. The throbbing is seldom felt until he moves. After any movement, like going up stairs, walking, or turning over in bed during the headache, then it is he feels the violent throbbing; on keeping still a moment it settles down into a bursting, pressing pain as if the skull would be

pressed open. There are a good many other pains in connection with the Bryonia headache; in the text it is described "tearing and stitching pains." "Shooting pains," sharp pains. Some of the pressing pains are described as if a great weight were on the head, but the same idea prevails; it is an internal pressure; a sluggishness of the circulation in the brain, a stasis as if all the blood in the body were surging in the head. "Stitches in the head." "Splitting headache." "Rush of blood to head." Threatened apoplexy. "Headache after washing himself with cold water when face was sweating." That is, taking cold from suppressing the perspiration. "Always on coughing, motion in head like pressure." The headache is so bad in many cases of pneumonia or bronchitis, in fact in any of the inflammatory or congestive conditions, that very often you will see the patient grasp the head when he knows he is going to cough. He holds his head because it hurts so from the action of coughing. Many remedies have this, but it is in keeping with the general aggravation of Bryonia from motion, from jar, from any effort. "The headache is expanding, aggravated by the slightest motion; after eating." The aggravation after eating is in keeping with the Bryonia state in general. The patient himself, in all complaints, feels worse after eating. It hardly matters what the trouble is, it is worse after eating; the cough is worse after eating, the gouty state is increased by eating. The Bryonia patient will finally sum up the whole subject and say, "Dr., I am always worse after eating;" so that it becomes a general, that is to say, it modifies so many of his symptoms that the very man himself says, "I feel worse after eating." The headaches are often accompanied by nosebleed, which does seem to give him any relief. It is a common thing for Bryonia to have its complaints accompanied by nosebleed. "Obstinate headache with constipation." "Gastric; rheumatic and congestive headaches." The Bryonia subject is a rheumatic and gouty subject. Bryonia is particularly suitable in venous, sluggish constitutions with sluggish heart, poor circulation, yet apparently plethoric, apparently rugged; but subject to gouty exacerbations from change of weather. The rheumatic attacks, the chest pains, and all pains that run around locate in the head and give him frequent, almost constant, headache.

Dandruff is common; loss of hair; sensitiveness and great soreness of the scalp; worse from the slightest touch of the scalp, feels as if the hair were pulled; women must often have the hair hanging down. In the Bryonia headaches, as well as rheumatic attacks, if he can perspire freely, he will get relief. Many remedies are worse while perspiring, both during and after perspiration, like *Mercurius*, but Bryonia is ameliorated in all its complaints as soon as the perspiration becomes free and general. There is often a local perspiration at the seat of pain; the painful part sweats and the sweat does not give relief, but the pain gradually increases with the increasing perspiration and is relieved only when the perspiration ceases. Such a state is found in Bryonia, but it is local and circumscribed. On the external head there is much burning; the vertex burns.

All sorts of catarrhal conditions of the eyes are found in Bryonia; it is not so often thought of as an inflammatory remedy for the eyes, when there are no other symptoms, but eye symptoms will be found, redness, inflammation, congestion, heat, enlargement of the veins, burning and smarting, associated with headaches, with coryzas, with troubles in the air passages, bronchitis, etc. Sore aching in the eyes, the eyeballs can hardly be touched, so tender to touch, as if bruised, increased from coughing, or pressure. Such conditions come with chest complaints, with colds and headaches. "Soreness and aching of eyes when moving them." "Pressing, crushing pain in eyes." "Inflammation of eyes and lids, especially in new-born infants." Think of Bryonia when gouty conditions have left certain parts and all at once the eyes are affected, tumefaction of the lids, the conjunctiva looks like raw beef, so highly inflamed is it, red and oozing blood. You find out that a few days before that the patient, an old gouty subject, had rheumatic attacks of the joint, and now he has sore and inflamed eyes. "Rheumatic iritis, caused by cold." Rheumatic inflammation of the eyes, *i. e.*, in inflammatory conditions and congestion with redness, associated more or less with gouty affections. In olden times it was described as "arthritic sore eyes," which means sore eyes in a gouty constitution.

Many of the complaints of Bryonia commence in the nose;

sneezing, coryza, running at the nose, red eyes, lachrymation, aching through the nose, eyes and head, the first day ; then the trouble goes down into the posterior nares, the throat, the larynx with hoarseness, and then a bronchitis comes on, and if not checked it goes on into pneumonia and pleurisy, so that the trouble has traveled from the beginning of the respiratory tract, the nose, to the end, the lung tissue. This is a field for the complaints of Bryonia. All are worse from motion, all parts are subject to a good deal of burning, and congestion ; more or less fever, sometimes intense fever ; the patient himself worse from the slightest motion, and wants to keep still ; dullness of mind, pressive congestive headaches, sore, lame and bruised all over, often worse at 9 o'clock in the evening ; increased dullness of the mind after sleep or on waking in the morning. The cough comes on with great violence, racking the whole body and increasing the headache, and with copious discharge of mucus from the respiratory tract.

“Frequent sneezing.” “Sneezing between coughs.” “Loss of smell.” Bleeding from the nose in these congestions, or with coryzas. During menstruation there is epistaxis. There is bleeding from the nose when there would seem to be no need of it. Congestion of the head is present at the menstrual period. Again, Bryonia has apparently a vicarious menstruation through the nose bleed. Epistaxis appears as a vicarious flow in cases of amenorrhœa ; the menstrual period does not come on, but the woman is subject to attacks of nose bleed and congestive headaches. If the menstrual flow should be checked suddenly from cold, nose bleed comes on. “Epistaxis and checked menses.” “Dry, nasal catarrh.”

The aspect of the face is important ; the besotted, purple, bloated countenance is not dropsically bloated, although it has the œdematous countenance often, but puffed from vascular stasis, not pitting upon pressure ; swollen and puffed, purple with a doltish state of the mind as if he were drunk. He will look at you and wonder what it was you were doing, and what it was you said ; a stupefaction of the intellect ; the eyes do not look at you intelligently and the face is besotted. When a patient is about to come down with some Bryonia complaint, with a re-

mittent, or with head congestions, or pneumonia, or some other respiratory disease, the family will notice when he awakes in the morning that he has that besotted expression, and he says he has to make such an effort to think or do anything, everything seems to be a nuisance, and his head aches hard, and is worse from motion. Or the face is red and burning, "red spots on the face and neck;" "hot, bloated, red face."

In children, as well as in adults, there is gradually increasing cerebral trouble, dilated pupils, besotted countenance, and continual lateral motion of the lower jaw. This motion of the jaw in a congestive attack is a strong feature of Bryonia. It is not the grinding of the teeth so much that I refer to now, although that is found in Bryonia, but a lateral movement of the jaw as if chewing, but the teeth do not come in contact, and they keep it up night and day. A great many remedies besides Bryonia have grinding of the teeth. There used to be times when intermittent fever would come on with marked congestion, stupefaction of the intellect, violent rigors, even to a congestive chill, the patient lying in stupefaction or a semi-conscious state, without grinding the teeth, yet wagging the jaw back and forth by the hour. Bryonia was often suitable. Constant motion of the mouth as if the patient were chewing, in brain affections of children; it occurs in little ones when there are no teeth to denote whether they are grinding the teeth or not; but they keep up a chewing motion. In children with teeth, grinding the teeth at night, but more commonly it is *Arsenic*.

In regard to the lips and lower part of the face, that bloated, swollen condition, the sluggish circulation, a venous congestion or stasis will be found in Bryonia, making the aspect as of one long intoxicated; it is not so marked as in *Baptisia* and is not accompanied by so low a state, so advanced a stupor, as in *Baptisia*. Great dryness of the lips; the lips parched and dry. "Children pick the lips." "Lips cracked and bleeding." Lips parched, dry and bleeding, such as will be seen in typhoid states, where the whole mouth is dry and brown, cracked, parched and bleeding; dry, brown tongue. Sordes on the teeth. Little ones lie quietly, perfectly still and do nothing, make no motion but pick the lips until they bleed; they keep on picking off the little

crusts and little exfoliations, as in *Arum triph.* In *Arum triph.* there is marked picking of the nose and lips; they pick and pick and keep on picking and boring the finger into the nose.

Bryonia has all sorts of toothache. The toothache is worse from warmth. "Tearing, stitching toothache while eating;" from warm drinks, from warm food, worse in a warm room, wants cold foods in the mouth, wants to be in the cold air, but worse from motion. "Toothache > by cold water or lying on painful side." Pressing hard upon the painful tooth ameliorates it. "Toothache < from smoking." You see how the relief from cold and aggravation from heat goes along with us; we shall keep reiterating these modalities that affect the patient as a general state, and we shall see as we go through that nearly all his symptoms are worse from motion, worse from heat, etc. He keeps on telling us they are better from pressure in each region we go over, until finally we come to the conclusion that they are general. We may have in two remedies the same set of symptoms, and yet they are all made worse from the opposite things. Thus you see modalities indicate and contra-indicate remedies. This is the studying of remedies by their modalities, for modalities sometimes constitute strong generals.

You will not be surprised to know that Bryonia loses his sense of taste, so that if he has a coryza and sits down at the table nothing tastes natural. His taste is gone. Not only is there mental sluggishness, but there is a slowing down of his sensations, his whole state is benumbed. "Taste flat, insipid, pasty." Now, what does all that mean? It means that he is being affected internally, in his intelligence, and in those prolongations that go into the tongue, whereby are manifested to him what things belong to it. His intelligence is so affected that he does not know where he is even, thinks he is away from home, and even his tongue is no longer intelligent; so that something that is sour tastes as though bitter; his senses deceive him. "Tongue thickly coated white." In typhoid, in cerebral congestion, in sore throat, in pneumonia, in all diseases of the respiratory apparatus, in rheumatic affections, we will have the tongue thickly coated. "Dry and bleeding and covered with crusts." Such a tongue is found in typhoid fever, a dry, brown, cracked, bleed-

ing tongue. When he takes a cold the mouth becomes dry. It is very common for the Bryonia patient to have great thirst ; he is apt to drink large quantities of water, at wide intervals. With this dry, brown tongue, however, he loses his taste for water and does not want it ; dry mouth and thirstless like *Nux moschata*. Would you be surprised if you were told that very often the mouth emits a great odor during fevers? You would expect that, and so all sorts of odors come out of this dry mouth. Dryness of the mouth is general without thirst, or with thirst for large quantities of water. "Aphthæ." "Bad odor from mouth."

Bryonia has nondescript sore throats, with stitching pains, with dryness, with parched appearance of the throat, a good deal of thirst for large quantities of water at long intervals. "Constitutional tendency to aphthous formations in the throat," little white spots in the throat.

Then we come to the desires and aversions that relate to the stomach, and they are greatly perverted, for the stomach of Bryonia is wonderfully changed and perverted in its character. He is worse from eating. The stomach has lost its ability to do business, and hence he has an aversion to all food. "Desires things immediately and when offered they are refused." He is changeable, does not know what he wants. He craves in the mind the things he has an aversion to in the stomach. When he sees it, he does not want it. His intelligence is in a state of confusion. He craves acids. "Great thirst day and night;" he wants cold water. "Thirst for large quantities at long intervals." Many remedies want to sip water all the time. In Bryonia the large quantities relieve the thirst immediately. In *Arsenic* the drink does not relieve, he wants a little and wants it often.

The stomach complaints of Bryonia are relieved from warm drinks; that becomes a particular because his desire is for cold drinks, but his stomach is better from warm drinks. In his fever and head complaints, and febrile states he wants cold things, he wishes his throat were a mile long, but when it gets into the stomach the cold aggravates the stomach, often brings on and increases the cough and pains, but the hot drink, which he does not crave, relieves the stomach and bowel complaints. In the chill, Bryonia has often desire for ice cold water which chills him

dreadfully; he then takes the hint and drink hot water which relieves. These things seem to be hair splitting. "Desire for cold and acid drinks." Aversion to rich fat food; all greasy things. "Desire for things which are not to be had."

LECTURE III.

When patients are under constitutional remedies, they need caution about certain kinds of foods that are known to disagree with their constitutional remedy. A Bryonia patient is often made sick from eating sauer kraut, from vegetable salads, from oysters, chicken salad, etc., so that you need not be surprised, after administering a dose of Bryonia for a constitutional state, to have your patient come in and say she has been made very ill from eating some one of these things. It is well to caution persons who are under the influence of *Puls.* to avoid the use of fat foods, because very often they will upset the action of the remedy. It is well to say to patients who are under *Lyc.*, "See that you do not eat oysters while taking this medicine, because if you do, you will come down sick." These medicines are known to produce states in the stomach inimical to certain kinds of foods; certain remedies have violently inimical relation to acids, lemons etc. If you do not particularly mention the fact, and say "You must not touch vinegar or lemons, nor take lemon juice while taking this medicine," you will have the remedy spoiled, and then wonder why it is. The medicine often stops acting and the patient gets a disordered condition of the stomach and bowels, a medicine that should act for long time, ceases action and you do not know what the trouble is. You know it has been common in the history of Homœopathy to find food lists; these belong to routinists. The routine prescriber will get an alphabetical list of food as long as from the ceiling to the floor, and say that each and every patient must not eat any of those things in the list. Homœopathy will rule out such things as are inimical to the remedies and inimical to patients in general, or do not agree with a particular constitution, but the forbidding of a long list of foods

is a piece of nonsense. To have an iron-clad rule is not correct practice; the only iron-clad rule is to be sure that the remedy is similar to the patient when you administer it and the things that he is to have are to be in agreement with that remedy. It is not an uncommon thing for a patient who has been under the influence of *Rhus tox.* and has been doing well up to a certain time, and is wonderfully improved, after he has taken a bath, to have his symptoms return in the form of a *Rhus* state; the action of the remedy stops right there. He cannot think of a thing under the sun that he has done, except the taking of a bath. He must of course take a bath, and yet it is true that some constitutional cases under *Rhus* must stop taking their ordinary bath in order to keep themselves under the influence of *Rhus*. It is the same way with *Calcarea*; a bath will often stop the action. I only speak of these things to impress upon you the importance of feeding and treating your patient in accordance with the remedy, in accordance with a principle, and not by rule; do not have one list of foods for your patient; do not have a list of things for everybody. There is no such thing in Homœopathy. It is only just about as funny as the diabetic diet.

The complaints of Bryonia generally are worse from eating. You would naturally expect the stomach symptoms to be worse from eating; for a disordered stomach to be worse from eating, from solid food, from satisfying the appetite would be a common symptom; but the patient himself in all the strange and peculiar things is worse from eating; the cough is worse from eating, the complaints of the head, the headaches, are worse from eating, and the respiration is worse from eating. He is worse from eating often only a little. The stomach is distended with wind after eating, but especially after oysters. Oysters are not, as a rule, a dangerous article of diet, yet some are poisoned by oysters. "Worse after eating or drinking." When the case is one of whooping cough, the cough is worse, the paroxysms are more violent and all the symptoms are worse a little while after eating, but later, when digestion is finished and the stomach is empty he is much relieved. The Bryonia patient is ordinarily relieved from drinking, but if, when overheated, he drinks cold water, all of his rheumatic symptoms are worse, the cough is worse, and the

headache is worse. He will have a violent headache after drinking cold water when heated. The headache increases into a throbbing and bursting pain tenfold greater than it was before drinking. The Bryonia patient, however, is commonly relieved from drinking.

The Bryonia patient is subject to hiccough, to belching, to nausea and vomiting; so that disordered stomach is the general term. Bitter eructations, bitter nauseous tastes. He spits up and vomits bile; nausea and vomiting. After eating, all these things are increased, of course. In the stomach and abdomen we have a great many symptoms, resulting from disordered stomach or from taking cold, or from becoming overheated, or from drinking ice water when overheated. Disordered stomach, irritation of the stomach so that he cannot take anything into the stomach without extreme pain, and this increases until the inflammatory condition involves the whole stomach and abdomen, and there is sensitiveness to pressure, and it can be diagnosed as a gastro-enteritis, with the awful soreness and tenderness, stitching, burning pains, all worse from motion; nausea and vomiting, diarrhoea, tympanitic abdomen; unable to move a muscle, because it so increases the pain.

With the exception of the abdominal and stomach pains, the Bryonia *pains are better from pressure*; when the pain is where pressure can really reach it, it helps, but when in the stomach and bowels the stomach and abdomen are filled with wind, tympanitic, and every pressure, every touch, increases the pain. The Bryonia patient with these inflammatory conditions will often be seen lying perfectly quiet in bed with the knees drawn up; lying with the limbs flexed in order to relax the abdominal muscles; he does not want to be talked to, does not want to think; every movement is painful, and increases the fever and often causes alternation of chilliness with heat; high fever; for all this we have a pretty good remedy in Bryonia. Even that horrible trouble that they cut open the abdomen so much for, appendicitis, even if the appendix is full of grape stones, or inspissated fæces, if the symptoms agree, this remedy, Bryonia, will reduce the fever at once, will stop the pain, will take the soreness out, and if the patient must be operated upon he can

wait until he gets well rather than be operated upon while he is in a high state of inflammation.

The Bryonia patient, when lying perfectly quiet, is sometimes quite free from nausea, but the instant the head is raised from the pillow the dreadful sickness returns, so that he cannot sit up. He cannot be raised up in bed because of the awful nausea, and if he persists in rising up the nausea comes on more than ever, with burning in the stomach. With every motion he gulps up a little mucus and slime, which is horribly putrid.

All sorts of pain are felt in the stomach and bowels, but most particularly stitching and bursting pains; feels as if the stomach would burst, as if the abdomen would burst. "Do not touch me, I feel as if I would burst." Peritoneal exudations. Awful soreness. Sensitiveness of the pit of the stomach, and sensitiveness over the whole abdomen. This is commonly relieved by heat, although the patient himself wants to lie in a cool room. The heat of the room is oppressive, yet heat applied is often agreeable. Every inspiration, every motion of the chest greatly aggravates these pains, so that you will find a Bryonia patient shortening up his breathing instead of breathing deep. He keeps that up until he cannot stand it any longer, and then he takes a long breath that causes groaning. All sorts of gastric inflammatory affections and disordered stomach gastric affections in young girls from suppression of the menstrual flow, gastritis, gastro-enteritis.

Bryonia has inflammation of the liver and a great many other liver symptoms. The liver, especially the great, right lobe, lies in the hypochondrium like a great load, with soreness and tenderness to pressure, and he cannot move. Every motion, every touch, every deep breath causes pain in this organ, as in the abdominal viscera. The breathing is short, quick, and when followed by taking a deep breath it causes pain through the liver; it burns and stitches. With this, he has the disordered stomach, nausea and retching worse from motion; spitting up of bile. Stitching pains, sticking pains and burning in the liver. "Transient stitches in right hypochondrium;" these are in the liver. When he coughs it feels as if the liver or right hypochondrium would burst. Severe pains when coughing.

Bryonia furnishes us a good many symptoms in connection with

the stool and rectum. It has constipation, and it has dysentery. The pathogenesis is full of these conditions, as well as many symptoms relating to the parts themselves. In the constipation the stool is dry and hard, almost as if burnt. No desire for stool, but after going many days there are passages of little dried-up hard pieces as if they had been burned in a fire. No moisture about the parts, no mucus to soften the hard stools. Any mucus that may be present will be discharged separately. Sometimes the stool is composed of little hard particles looking as if burned, at times scanty, again quite a lot, and then will follow the passage of mucus, as if lying above the mass of *fæces* was quite a lot of mucus and slime. In most inveterate constipations Bryonia is sometimes suitable. It has also a diarrhoea that drives the patient out of bed in the morning, *i. e.*, on first beginning to move in bed he begins to feel nauseated, he is bloated and distended, with colic and he has urging to go to stool; or a little while after getting up and moving about the bowel is distended causing colic, and he must hurry to stool. The purgation is sometimes enormous, frequent, and no sooner does the patient finish than he is perfectly exhausted, lies down like one almost dead, covered with sweat; so tremendous fatigued he can hardly reach the vessel the next time, and then it comes a gushing, copious, bilious stool. If, while lying, he make the least motion, he must hurry to stool. Bryonia cures dysentery with all the tormina and tenesmus possible to imagine, with pain in the abdomen; with bloody and mucous discharges. In the constipation the straining is very often not attended with success. He has urging to stool and goes several times before there is any result. The stool seems to remain in the rectum, although he seems to be compelled to strain; there is inactivity and inability to strain at all sometimes. Ordinarily he has plenty of power and is quite likely to have a passage, but it is so dry. Bryonia has another kind of diarrhoea. If you have ever seen the yellow corn meal mush, as it is dropped on a platter from a distance, it will umbilicate. Just such a stool as this you will find in the typhoid patient, a yellow, mushy stool. This is sometimes intermingled with mucus and slime, sometimes with blood. It may be useful to the physician to know whether this is in the ty-

phoid state or in the form of chronic diarrhœa. Bryonia has cured a great many cases of very inveterate chronic diarrhœa where this yellow, mushy discharge was present, and frequent; several times a day, but more frequent in the morning. Sometimes he has several stools in the morning that will satisfy for the whole twenty-four hours, or only one or two in the afternoon and five or six in the morning; during the night no stools at all, because when he keeps quiet in bed and comfortable he has not very much urging to stool; every motion or keeping upon the feet increases the urging to stool. So that some would think of it as a diarrhœa only in the day-time, and would associate it with *Petroleum*; but with Petroleum, no matter how much he moves about in the night, he will not be likely to have much diarrhœa, but will have all of his stools in the day-time. It says here: "Diarrhœa putrid; smelling like old cheese." "Very offensive." "Brown, thin, fecal stools." Sometime chronic Bryonia patients will diet themselves, eating only thin liquids, avoiding salads, etc., and yet the food will come right through the next morning almost undigested; lienteric stools. "Urging followed by copious pasty evacuations." "Involuntary stools while asleep." "Burning of the anus with every passage." This is especially at night if he moves, but motion is more common in the day-time, and every motion will bring on urging to stool.

"Diarrhœa in morning, or worse in morning." "Diarrhœa in morning, after getting up." "Stools soft, getting thinner and thinner in morning." It will be a good thing if you avoid very much reading of the various medical journals on *Materia Medica* while a student, because one writer has one opinion and another another opinion, and you can find just about as many theories as you can find men. They say all sorts of foolish things; they tell you "my opinion" is so and so, just as if any one's opinion has anything to do with the facts of *Materia Medica*. Someone has said that Bryonia is never a remedy for diarrhœa, only for constipation; suppose you read that and believed it, your mind would be fixed in that opinion for a lifetime perhaps, whereas we can see from the proving of the remedy that that is not true. What difference does it make if I have an opinion which is opposed to the truth of the provings.

There are plenty of urinary symptoms in this remedy; inflammatory condition of the kidneys; pinkish urinary deposits, uric acid crystals; urine profuse. Whenever he strains himself in lifting, or any unusual motion, there is pain in the kidneys, a rousing up of congestion and long-lasting pain. It is a gouty constitution looking towards kidney troubles, so that after overheating or over-exertion he gets pain in the back. "Pressure to urinate and involuntary discharge of urine." "Burning in urethra, when not urinating;" relieved by passing urine.

There are many symptoms of the female sexual organs of great interest. Painful menstruation, dysmenorrhœa; pain in the ovaries at the menstrual period. Every menstrual period is associated with marked congestion of the ovaries, with sensitiveness to touch. The sensitiveness at the approach of every menstrual period, in both groins, will be spoken of by the patient, increasing as the menstrual period comes on, until the soreness proceeds across the abdomen and meets, and then the whole abdomen is painful during the menstrual period. The uterus is sore, the lower part of the hypogastrium is sore. Inflammation of the uterus in rheumatic subjects; gouty subjects. Burning pain mostly in the body or fundus of the uterus, burning in the upper ligaments of the uterus. The Bryonia patient is subject to amenorrhœa, or the flow is suppressed upon the slightest provocation. If she becomes overheated from any sort of exertion, such as from ironing or washing a few days before the menstrual period, it will not come, it will be suppressed and the next time she will have a harder time than ever. In young plethoric women, after violent exertion, these complaints come on in that way. Violent exertion and then scanty urine. Soreness of the abdomen, but the flow does not come, or is postponed a good many days after violent exertion; scanty urine and suppression of menses in plethoric girls will be almost always relieved by Bryonia. When the urine becomes scanty from violent exertion Bryonia is one of the remedies to consult, because usually in healthy persons the secretions are increased and the excretions are increased, there is sweat and plenty of urine to accommodate the increased waste of the body; but in gouty subjects this often takes another course, and we have to use such remedies as Bryonia, *Lycopodium* and *Benzoic acid* in accordance with the symptoms of course.

From over-exertion and becoming overheated, threatened abortion. In inflammation of the breasts, and stopping of the milk flow in the lying-in period, Bryonia must be consulted. In milk fever, and pains and swelling of the breast, Bryonia must be studied. During confinement a woman becomes, of course, overheated and naturally perspires; just at the close of it as the delivery takes place, if the nurse and the doctor do not observe and throw more clothing over her, or at least keep the room warm enough, there will be sudden suppression of the sweat and this will bring on milk fever and other febrile symptoms which will look towards Bryonia if the symptoms agree. Threatened peritonitis from such causes, gonorrhœal troubles, old rheumatic troubles, pains or aches, if made worse from the slightest motion, and all these symptoms that we have gone over that could be related to these states, Bryonia would be sufficient to wipe out at once. If due to septicæmia, rather than to suppression of the sweat, very commonly a deeper acting remedy than Bryonia is required and Bryonia would only fit the very beginning. In inflammatory conditions of the breast one of the most striking things is the stony hardness of the breasts, hardness and heaviness like a weight. Bryonia is often suitable for inflammation of the breasts at other times; stony heaviness and hardness of the breasts prior to menstruation.

Then we come to the respiratory tract again, which we have only hinted at, and here we have a tremendous study before us. Very commonly the Bryonia conditions commence with a cold; it may be at first only loss of voice, with rawness in the trachea and great soreness in the chest; dry, hacking cough, as if the chest would burst from coughing. The Bryonia patient sits up and holds the head as was described, or holds the chest; presses both hands upon the chest when coughing, feels as if the chest would fly to pieces when coughing; pains in the chest on both sides, but mostly the right side. Bryonia prefers the right side when the condition is *pneumonia*. We see a patient who had first a cold, and the cold has travelled down the air passages with hoarseness and rawness and with a good deal of trouble in the chest and cough; the cough shakes the whole body, then comes a hard chill. He is now down in bed, and when the physician sees him

he sees the state of inflammation, and knows the meaning of it, and listening confirms the diagnosis of pneumonia. The patient cannot move hand nor foot; the pain is mostly in the right lung, and he is compelled to lie on the right side and dreads motion. Sometimes the pleura is involved, and we have the dreadful sharp pains; every respiration causes intense pain whether it be pleuropneumonia or just a simple pneumonia. But we see the Bryonia patient lying upon the side that is affected, upon the painful side, in order to diminish the motion that respiration causes; and very often he will have a hand under it to see if he cannot hold it still. Of course the respiration is carried on more extensively then by the left lung. With Bryonia the expectoration is of a reddish tinge, is rusty like iron rust, and if you have this symptom and the right side affected it is all the more strongly Bryonia. There are a few medicines that look somewhat like Bryonia; take, for instance, a case with high fever, intense heat, great excitement, and consider the rapidity with which the trouble has come on, involving the *left* side and in the pan you see the sputum consists of bright red blood, *Aconite* will be the remedy. If the liver is involved, there is fulness in the side, stitching pain over the liver, and the face is yellow, it is not impossible for Bryonia to be indicated, for it has such things; but with the pain very severe, continually going from the front to the back through the right shoulder blade, *Chelodinium* is more likely to cure than Bryonia. These comparisons may be carried out indefinitely, but the study of Bryonia as to the respiratory apparatus is a wonderful one. With these colds that end in loss of voice, it has burning and tickling in the larynx, constant cough. Hoarseness and loss of voice in singers. Great soreness in the trachea; rawness and tightness in the trachea, even suffocation, like *Phosphorus*. The Bryonia breathing is panting and very rapid, little short rapid breaths, due to the fact that deep breathing increases the pain; the Bryonia patient desires to breathe deep, wants deep breathing, needs deep breathing, but it hurts him so. "Constant disposition to sigh," but cannot because it hurts him so. Shortness of breath, suffocation, asthma. Asthmatic attacks from becoming overheated. Asthma worse in a warm room, wants cool air to breathe. "Dry, spasmodic cough, whooping cough, shaking

the whole body. Cough compels him to spring up in bed involuntarily; painful cough with difficult breathing, cough that shakes the whole body. Tough, difficult expectoration. "Cough evening and night, dry cough."

A great deal of the rest of Bryonia, as we go over it, is repetition. If you will only read the text carefully and make application of what has been said, you see the general character and type of the remedy, you see its image and you can fill it out for yourselves, if you have a full text book.

PECULIAR CONSTANT SYMPTOMS.

Prunus spin.—Pain in glans penis with many symptoms.

Euphorbia off.—Shaking with many symptoms.

Baptisia.—Flashes of heat from small of back in all directions.

Euphrasia.—With colic and other troubles, eyes are affected.

Bromine.—Eyes affected in chest troubles.

Capsicum.—Chest troubles and pains in different parts.

Kreosote.—Pains appear remote from diseased organ.

Camph.—Blood does not circulate in parts most distant from heart.

Arg. nit.—Legs weak, tremble, < at noon.

Nat. mur.—Legs weak, tremble, 11 A. M.

Apis.—Tension interfering with motion, especially region of ovaries.

Croton tig.—Feels hide bound; also, "mentally bound," can't think of any one out of himself. H. F.

A COMMON REPORT. "The Journal is very valuable to me—we get so little of the real thing out here. It is hard to practice Homœopathy, as Dr. Kent teaches it, at all times, that is, it requires work, but it is doubly hard when all your homœopathic brothers are given to prescribing calomel, quinine, blue mass and such things, and declare that the homœopathic theory is all right as a theory, but it won't do in practice, and that there is no virtue in homœopathic remedies above the third. It is very wearing on one's nerves."

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXIV.

Par. 154 (last clause). "A disease that is of no very long standing ordinarily yields without any great degree of suffering to a first dose of this remedy," which is to say that in acute diseases we seldom see anything like striking aggravations unless the acute disease has drawn near death's door, or is very severe, unless it has lasted many days, and breaking down of blood and tissue is threatened, or has taken place. Then we will see sharp aggravations, great prostration, violent sweating, exhaustion, vomiting and purging following the action of the remedy. I have seen most severe reaction which seemed to be necessary to recovery. Such a state in acute disease where it has gone many days without a remedy and a great threatening is present will be to an acute disease what many years would be to a chronic disease of long standing. Long standing means a matter of progress; if we say a disease of much progress, or of considerable ultimates, we understand it better. If the disease has ultimated itself in change of tissue, then you may see striking aggravations, even aggravations that cannot be recovered from, such as we find in the advanced forms of tissue change, *e. g.*, where the kidneys are destroyed or the liver destroyed, or in phthisis, where the lungs are destroyed.

A disease ought always to be well considered as to whether it is acute or chronic. Where there are no tissue changes, where no ultimates are present, then you may expect the remedy to cure the patient without any serious aggravation, or without any

* Stenographically reported by Dr. S. Mary Ives.

sharp suffering, for there is no necessity of reacting from a serious structural change. Where there is a deep-seated septic condition, where pyæmia must be the result, you will find sometimes vomiting and purging. As a reaction of the vital force or of the economy when order is established, this order, which is attended by reaction, as it were, commences a process of house cleaning. It does it itself, the drug does not do it; if a crude substance is used it is the action of the drug, of course, but the action of the dynamic drug is to turn the economy into order. So it is with chronic disease. When the chronic disease has not ultimated itself in tissue changes, you may get no aggravation at all, unless, perhaps, it be a very slight exacerbation of the symptoms, and that slight exacerbation of the symptoms is of a different character. It is the establishment of the remedy as a new disease upon the economy instead of the reaction which corresponds to a process of house cleaning. Elimination must take place, as we know, probably from the bowels, or stomach, by vomiting, by expectoration, or by the kidneys, in those cases where everything has been suppressed. It sometimes looks like an aggravation when you have had for years a paralytic limb from a neuritis. Suppose, after you administer a remedy that goes right to the spot, that is in the very highest sense homœopathic, or truly specific, that paralyzed limb commences to tingle and creep like the crawling interiorly of ants, tingling sometimes from which he cannot sleep for days and nights. This is due to a reaction of the nerves of the part. They are called into new life, into activity. I have seen this in paralysis. You take, for instance, a child who has lain in a stupor for a long time, from inaction of the brain, the tingling that comes in the scalp, in the fingers and toes is dreadful, the child turns and twists and screeches and cries, and it requires an iron hand on the part of the doctor to hold that mother from doing something to hush that cry, for just so sure as that is done that child will go back into death. That is a reaction, so that all over the benumbed parts, or where the blood begins to flow into parts where the circulation has been feeble, where the nerves take on sensation again, we have reaction, which is but the result of that turning into order. The part has been benumbed and dead, and

when circulation takes place in the part in order to repair its tissue we have reaction, which is attended with distress. If the physician cannot look upon that and bear it, he will have trouble. If he thinks it is an indication for another remedy he will spoil his case. He must discriminate between that which is reaction and that which calls for a remedy. These things are only seen in Homœopathy, never in any other practice. Sometimes the physician will be driven to his wits' end in dealing with these reactions. It is sometimes a dreadful thing to look upon, and the physician may be turned out of doors. Let him meet it as a man ; let him be patient with it, because the ignorance of the mother or the friends can be no excuse for his violation of principle, even once.

A disease of very long standing sometimes fails to yield without this aggravation and disturbance and turmoil in the economy, and the deeper it is the more tissue change you have to contend with, and the more wonderful and distressing and painful is this reaction. When a patient comes back after every dose of medicine with violent reaction, with violent aggravation of the disease, with violent aggravation of the symptoms, you know then that there is some deep-seated trouble. There is a difference between the ultimates of disease and absolute weakness of the vital force. There is such a state as weakness of the economy, and there is such a state as activity of the economy, with much tissue change. In feeble patients, you may expect feeble reactions, or none at all after your remedy, but in the feeble cases they are of such a character that you have few symptoms, and you can very seldom find a remedy truly specific. You take a patient that is destined to go into consumption, a merely suspicious case. You administer the right remedy and a violent reaction comes, a foreshadowing of what he will go through years from now if he is not cured by the remedy. A shocking condition may come upon him ; he may be frightened and come back and tell you that that was an awful dose of medicine, poison, etc. That is the remedy disease, those are the symptoms of the remedy, the symptoms of the remedy foreshadowing the future of that case, because if that remedy was not similar enough to him it could not do such things, and it is because of the similitude of his state ; and he

may only have those symptoms in shadow. But the remedy cannot give him symptoms that he has not. It cannot give him symptoms that are not related to him, except in those cases that are called oversensitives. Oversensitives, you know, are such as are capable of proving everything that comes along. You must know whether the patient is over-sensitive and proving the drug, or whether he has a vigorous constitution and is getting an aggravation. The remedy will be exaggerated in over-sensitives and sometimes in those of weakly constitution, especially those with a very narrow receding chin, those who have sunken eyes, those who have senility marked in the eyes.

The next paragraph continues this one to a certain extent. Par. 155. "I say without any great degree of suffering, because when a perfect homœopathic remedy acts upon the body, it is nothing more than symptoms analagous to those of the disease laboring to surmount and annihilate these latter by usurping their place." This is only speaking from experience. Whenever Hahnemann makes such a remark he does not place any great value upon it, because it is a matter of opinion.

You will find as a general thing in acute diseases that, if a slight aggravation of the symptoms comes in a few minutes, you will hardly ever think of giving another dose. The remedy is so similar and searches so thoroughly that it is hardly ever necessary to repeat it. Now there are circumstances when it is necessary to repeat, but this is so difficult to teach, and so difficult to lay down rules for, that the only safe plan is to begin cases without repetition, to give a single dose and wait, and watch its effects. I very commonly give in vigorous, typhoid fever patients medicine in water, because it is a continued fever; but I watch and wait, giving it several days, and the slightest sign of the action of the remedy causes me to stop it always. I never vary from that. In a fever where the patient is feeble, to gain an immediate reaction that should never be done. In a remittent fever the reaction may come in a few hours, and the one dose should be the rule, while in a typhoid the reaction will seldom come in a few hours. It is a matter of a few days, and hence the repetition is admissible. In typhoids that are somewhat delicate never do such a thing. The more vigor there is in a constitution the

more the remedy can coöperate with that vigor to bring about a safe and quick action. The more feeble the patient the more cautious you should be about giving the smallest dose you can administer. In many chronic diseases it is possible to bring about a reaction in the first night, hence the danger of repeating the remedy. If the delirium subsides, or a moisture comes upon the skin, and he slumbers placidly, the medicine should never be given beyond such a state. There are times in diphtheria when the repetition of the remedy will kill, and there are times when repetition will save life. I hope some day to be able to discover the principles. In very grave and severe cases the idea is plain, that when reaction is taking place never to repeat the remedy. When reaction has ceased, and the tendency is to go the other way, then it may be necessary to repeat, but repetition must never occur when reaction is coming. To be able to perceive when reaction is coming, when it has ceased and the tendency is to go the other way, to be able to know this by the symptoms, is an important thing for the homœopathic physician.

Par. 158. "This trifling homœopathic aggravation of the malady during the first few hours, the happy omen which announces that the acute disease will soon be cured, and that it will, for the most part, yield to a first dose." That a natural disease can destroy another by exceeding it in power and intensity, but above all things by its similarity, is the whole truth and nothing but the truth. So that when this slight aggravation occurs you will seldom, if ever, have to give another dose in an acute disease. When this aggravation does not come, when there is not the slightest aggravation of the symptoms, and the patient appears to be gradually better after the remedy, then it is that the remedy shows that it has not acted upon the same depth; and that relief may cease in the case of an acute disease, and when that relief ceases the reaction has ceased and then another dose of medicine is correct practice. When relief begins without any aggravation of the symptoms, that relief does not last so long in an acute disease as when an aggravation has taken place. A slight action of the remedy over and above the disease is a good sign. Again, you will find if your remedy was not perfectly similar you will not get an aggravation except in over-sensitive

patients, and then it is a medicinal aggravation. When you find that you get no aggravation of the symptoms in a good vigorous constitution, none at all, very often your remedy has been only partially similar and it may require two or three of such partially similar remedies to finish the case. If you will observe the work of ordinary physicians, you will notice they give two or three remedies to get their patients through where a master gives but one.

Par. 159. "The smaller the dose of the homœopathic remedy, the slighter the apparent aggravation of the disease, and it is proportionately of shorter duration." This was written at the time of Hahnemann's experience with what might be called small doses, ranging from the lower potencies up to the 30th and seldom much higher. He had had ample experience, with the 30th, and occasionally with the 60th, but not with the tremendous turmoil that comes from the very highest attenuations. It reads in the correct translation of it (this is incorrect here): "The smaller the dose is of the homœopathic medicine, the less and the shorter is the aggravation in the first hours." It might be considered to mean an apparent aggravation, or an apparent aggravation of the disease. Now Hahnemann observes, as you will find amongst several of his writings, that the disease itself is actually intensified and made worse by the remedy, if the remedy be precisely similar, but if we pass away from the crudity of the medicine, ranging up towards the 30th potency we get a milder action, and it has a deeper curative action, and the smaller the dose of the homœopathic medicine, the less and the shorter is the aggravation. The idea is that there is an aggravation in the first hours; that is a matter that the paragraph itself admits, and it is this aggravation that Hahnemann is talking about. It is sometimes true that after the 3rd or 4th potencies of Belladonna in a violent congestion of the brain, the aggravation is violent, and if the medicine is not discontinued, the child will die. The disease itself appears to be aggravated, the child seems to be so susceptible to that Belladonna that it appears as it were to be added to the disease, but with the 30th potency, as Hahnemann observes, this aggravation is slight and of short duration. Now, in this we get an outside aggravation. It is the drug disease of the

remedy, added to the natural disease, an aggravated state of the disease caused by the drug. It is true sometimes, in spite of this aggravation, that the patient says somehow or other he feels better. Now, this aggravation is unnecessarily prolonged by giving too low potencies, and it is unnecessarily prolonged by a repetition of the dose. I recently observed a state that occurred from repetition. I sent a very robust young woman, twenty years old, a dose of Bryonia, to be taken dry on the tongue. However, she dissolved it in water, and was taking it at the end of the second day, when I was sent for, at which time she seemed to be going into pneumonia. She had a dry, harsh cough. "What is the matter with my daughter, doctor, is she going to die?" She was proving Bryonia. I stopped the Bryonia, and next morning she was well. This has been seen a great many times when the medicine was very similar. If the medicine is not very similar, only partially similar, it yet may be similar enough to cure, but you will not see the results that I am now speaking of, but when you make accurate prescriptions, and are doing your best work, you will see these things in the very best constitutions. Of course, the doctrine is that the patient is as sensitive to the medicine that will cure her, as to the disease that she has. Diseased states, then are made worse by unnecessary repetition and by the dose not being small enough, that is, by the dose being very crude. The third, fourth or sixth are dangerous potencies, if you are a good prescriber. If you are a poor prescriber, you will demonstrate but little of anything. You will naturally go to the higher and higher potencies for the purpose of departing from what seems to be a poisonous dose. This action differs from the aggravation of a cm. potency; during the latter the patient feels decidedly better. It is short, it is decisive, and only the characteristic symptoms of the disease are aggravated. The disease itself is not aggravated; the disease itself is not added to, and is not intensified, but the symptoms of the disease stand out sharply and the patient says, "I am getting better." The symptoms sometimes are a little alarming, but intermingled with this is a ray of light that convinces the patient from his innermost feelings that he is getting better. "I feel much better this morning," says the patient, though the symptoms may have been sharpened up.

Par. 160. We are accused now of having departed from Hahnemann. Hahnemann wrote of the 30th potency, in one of the stages of his life, as sufficiently high and sufficiently low. We can easily see that it was in the earlier period of his investigations, that he made the remark that potentizing must end somewhere. We are accused of departing from Hahnemann, because we give different doses from what Hahnemann gave. Now, I want to show you that this is not so. Read paragraph 279: "It has been fully proved by pure experiments that when a disease does not evidently depend upon the impaired state of an important organ *the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can, at least partially extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered.*" Now, if we go to the 200th potency and find that that will aggravate, if we go to the 50m and find that that will aggravate, if we go to the cm, the mm. etc., and find that they will all aggravate, that they still have the power to intensify the symptoms, the remedy has just the same curative power in it. If we have the potency so high that it is not capable of producing an aggravation of the symptoms, we may then be sure that there is no medicinal power left. We are up to the 13mm. and the end is not yet. Not that every potency will suit everybody. The state of the patient must be suitable to that state. If we ever find a person who will be aggravated in his symptoms in the most positive and definite fashion, that potency will be verified. We have not departed from Hahnemann, but have acted in accordance with his doctrines. Par. 280. "This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree, that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease. It is of little importance whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material. All these arguments and vain assertions will be of little avail when opposed to the doctrines of unerring experience."

Now, can there be any doubt of what Hahnemann meant when

he speaks of the smallest dose? Can there be any doubt but that he means attenuation, and attenuation up and up until we reach that point in the attenuation that we do not observe a slight aggravation of the symptoms. In the note to paragraph 249, he says, "All experience teaches us that scarcely any homœopathic medicine can be prepared in too minute a dose to produce perceptible benefit in a disease to which it is adapted. Hence, it would be an improper and an injurious practice when the medicine produces no good effect or an inconsiderable aggravation of the symptoms, after the manner of the old school, to repeat or increase the dose under the idea that it cannot prove serviceable on account of its minuteness." So that the senses of a man have no relation whatever to the minuteness of the dose. The medical man is inclined to measure doses from the standard of a poisonous dose. He will measure off a little less than that which would poison, and call that a dose. It must be seen, it must yet be visible. This is not the test that Hahnemann offers. He offers the test of the dose as one capable of producing a slight aggravation of the symptoms. We see he does not limit attenuation, but he practically teaches it is unlimited, and the end has never been found.

There is a generally prevailing idea all over, not among strict Hahnemannians, but among modern homœopaths in general, that the dose of medicine laid down by Hahnemann is too small to cure. It is a fatal error. An increase of the dose cannot make it more homœopathic. The similarity of the remedy is first, and the dose is second. But that the dose of medicine laid down by Hahnemann is too small to cure, is a fatal error. We must see by the experience in the clinics, and by considering the wonderful things that we have gone over in the doctrines, that we have really very little to do with the dose, that there is a wonderful latitude in dosage, and that we cannot lay down any fixed rule as to the best potency to use. It ought to be distinctly felt, from all we have gone over, that the 30th potency is low enough to begin business with in any acute or chronic disease, but where the limit is, no mortal can see. We want to follow up the series, so that we may get the very internal states that exist in degrees in the medicine. The different potencies are distinct from each other, some are very far apart, yet invariably connected. It is a

mistake for any homœopath to start out with the idea that the dose of medicine laid down by Hahnemann is too small to cure. It shows that his mind is of material mould, that it is inelastic and cannot yield to the higher observations, and not capable of observing and following higher and higher as true experience would lead. Unless man has truth in his mind his experiences are false. Truth in the mind is first and then experiences are good. If his mind is in a state of truth, experiences are true. You cannot trust the experiences of men who do not know what is true, neither can they be led into truth by these fallacious experiences.

ROUTINISM.

HARVEY FARRINGTON, M. D., H. M., Philadelphia.

No calling demands more knowledge and skill, more hard work and close application, than that of the true Homœopath. On the one hand is his patient, whose subtle, active dynamis labors under the burden of some malady, the occult nature of which he must decipher from the signs and symptoms presented to his five senses. On the other are his remedies, whose every peculiarity and virtue he must master, in order to know, without fail, when and where each will be the most efficient in the rescue of the sufferer. All this, added to what is required of him as anatomist, chemist, physiologist, diagnostician, etc., render his task by no means an easy one. No great wonder, then, that he sometimes deviates from the narrow path marked out for him by his principles into the by-ways of palliative medicine and routinism. Man loves ease, and in this the doctor is no exception. He observes that the great majority of human ills are amenable to the well known polychrests, and that it is only the exceptional case that needs the unusual remedy. Why, then, waste time and energy in what seems to be a non-essential? Again, the study of the prodigious array of symptomatic details in the polychrests themselves, presenting similar difficulties, is reduced to the learning of a few prominent features, *key-notes*. The result is

that he is prone to make snap-shot prescriptions, to aim at local conditions, to alleviate the symptoms complained of most by the patient, without further investigation to ascertain whether, or not, they represent the complete image of the disease. If he occasionally resorts to an opiate, an ointment or a compound tablet in the more refractory cases his success is "about as good as his neighbor's across the way." His cases of eczema soon "clear up," his typhoids, under good nursing, run their course with few complications. He can cure a dysentery in so many days; only occasionally does he find it necessary to treat for post-diphtheritic paralysis. Now and then he makes a brilliant cure with a single remedy; but the majority of his chronic cases, if they get well at all, to use old Dr. Hering's phrase, are only "zigzagged back to health." On he goes for years in this jog-trot fashion. He carries a meagre pocket case. For certain set conditions, certain set remedies are given. He has few alternatives if the first prescription fails. In fact, he prescribes empirically, when he could easily have obtained a better picture for the selection of his remedy.

Herein lies the chief distinction between the so-called "mongrel" and the faithful follower of Hahnemann. It is not a question of the *potency* used, but the *manner of prescribing*. The one depends almost entirely upon his key-notes, the other subordinates his key-notes to his more intimate knowledge of the genius of his remedies. Wholesale condemnation of key-notes is not only illogical but wrong. Rightly used, they become valuable indices to the remedy that will cure, but when they are made the sole basis for prescribing routinism is the inevitable result.

The progressive physician is never satisfied with what he has done in the past. He is constantly examining into the imperfections of his practice and striving to correct them. This does not mean that he joins in the frantic scramble after every new drug recommended in pamphlets and periodicals, whose chief purpose is to advertise the wares of the pharmacies who publish them, for in so doing he would confess a distrust in the older remedies, born only of a superficial knowledge of their scope. But if, for instance, China fails to relieve promptly malarial jaundice, he turns to such remedies as *Carduus marianus*; if Hepar, fails within a reasonable lapse of time, to remove the splinter from a

festering thumb, he consults the neglected Hura. He does not give Bryonia to every case of pleurisy, Nux or Pulsatilla to every case of dyspepsia, Phosphorus to every case of pneumonia. For the first may require Asclepias or Abrotanum, the second Abies nigra, the third Chelidonium. No. He is an eager student of drug-action, whether among the dusty volumes of the old masters, or the pages of the journal, fresh from the hands of the printer.

To avoid routinism should be the endeavor of every physician who would labor conscientiously for the good of mankind; and one of the most efficient aids in holding him to his purpose is care in record taking. Many a good prescriber, having once lapsed in this respect, has gradually drifted into superficial study of cases, superficial study of remedies, into *routinism*.

HOMŒOPATHIC SARCASM—NOT A MILD DOSE.

From *The Medical World*, March, 1900.

Editor *Medical World*:—I take the hint that you do not want any more articles on the treatment of pneumonia. Well, this is not on pneumonia. I have said all that I have to say about the homœopathic treatment of pneumonia, but I do want to pay some attention to what the other fellow says. In the February *World* there are ten different treatments for pneumonia given, each differing from the others as much as any one of them differs from homœopathic treatment, and yet they are all regular (?) scientific (?) rational (?) treatments. I wish some scientist would enlighten me in regard to what an irregular or irrational treatment would be. I shall not refer to any one of these writers by name, but those who have read these ten articles will know to which I refer.

Where do these ten doctors get their ten treatments of pneumonia? Do they learn them in "regular" colleges? Do they get them from their own experiences? If so, what becomes of the poor patients while they are experimenting? Homœopaths do not experiment on the sick. They try their remedies on the

healthy to see what symptoms and conditions they will produce. Then when we give them to the sick we *know* whether the symptoms are caused by medicine or whether they are a part of the disease, or indicate conditions of disease. Of course all who practice under the name, or rather behind the name of Homœopathy, do not do this, for there a great many homœopaths (?) who practice Homœopathy (?) with the *law of similars* left out. These I do not count.

I wish first to examine the intestinal antiseptic treatment, and what I say here will apply as well to all other diseases as to pneumonia. Just now there is a craze on microbes. Some "great" man who, somehow, perhaps through advertising in the newspapers, has appropriated to himself the name, scientist. He publishes a theory that all diseases are caused by bacteria, and these bacteria can be seen with the aid of a microscope, and can be identified wherever found. Then some of the "great" doctors investigate the theory, and of course they agree with the scientific doctor, not because they know anything about it, but because it makes them appear more scientific. Then the smaller fry of doctors take it up and talk learnedly of bacteria, and divide the pathogenic from the non-pathogenic, as a shepherd divideth his sheep from the goats. Then the medical journals and newspapers take it up and the laity become learned in bacteriology, then the board of health, that most contemptible of all institutions (born of bigotry and intolerance) that was ever foisted upon a credulous, gullible people. Yes, I blame the doctors for it. If they had not suggested and urged such legislation we should not have boards of health, armed with authority to send around their squirt-gun brigades to slaughter whole herds of fine fat cattle, not because they are sick, but because they can make them sick by injecting into them some of their dirty dope. And yet we have such laws in the face of the fact that the inventor of this tuberculin fad, with all of his intelligent followers who have tested it, has long since abandoned it as a failure and a fraud, and it has been cast on the heap of rubbish of bygone days with such remedies as the scrapings of an unburied human skull, dried dog's dung, and poultices of *stercorum humanum*. Microbes don't trouble me—these scavengers of nature, these feeders on dead tissue. Let them alone. We need them.

Stop bug hunting and treat your patient. I know that this is unpopular. I know that I shall be classed with those who believe the earth is flat. I can forego the pleasure of popular applause rather than "sacrifice substantial happiness for transient joys." It will be popular by and by.

Then the medical colleges took up the microbe craze. Chairs and professorships were set up to teach bacteriology, and the new crop of doctors comes out able to talk as glibly of microbes as their fathers did of liver complaint, biliousness, etc., and these can go away in any state and pass a satisfactory examination by answering a few questions on bugs, and especially if they have a political pull, or belong to the same lodge the censors do. The people have been so thoroughly educated on microbes that Mr. Radam has been able to pile up an immense fortune by the sale of his celebrated microbe killer at three dollars per gallon—a gallon of water with a half ounce of sulphuric acid in it!

Now, from what I have seen of disinfectants and antiseptic preparations in surgery, I would give the following method of rendering the intestinal tract thoroughly antiseptic: Give it a thorough scrubbing with green soap, then with ether, then make a rope of sterilized gauze thirty feet long, saturate it with a strong solution of Mercuric bichlor. and pass it through the patient, allowing it to remain in situ for about four hours. I assure you that no other medicine will be required. I need not give the technique of this operation, for I suppose that every one of my readers who tries it will have a method of his own, just as they do in the treatment of pneumonia.

Six weeks after the publication of this article I shall expect to read in the leading daily papers that some enterprising pharmacist in New York has in operation a plant for the manufacture of sterilized gauze rope for disinfecting the bowels.

Now comes the man who gives opium in pneumonia, and he tells us why he uses it. That is right. I like a doctor to be able to give a reason for what he does. That shows that he is working in the light, but "if that light be darkness, how great that darkness!" He gives it first to dry up the secretions, and he thanks Dr. C. for acknowledging that opium has this effect, and for putting the words in his mouth. The very thing he

wants, but lest he should get just what he wants, *and more*, he gives with each powder of opium one grain of calomel to increase the secretions. But the doctor gets still more from opium; he depresses the heart's action, which he don't want. So he must counteract the bad effects on the heart, and he gives nitroglycerine, digitalis and strychnine to increase the heart's action. Thus we have one drug to dry up secretions and one to increase secretions; one to depress the heart's action and three to increase the heart's action. Thus we have the poor victim suspended between the devil and the deep sea for the indefinite period of several days. Now let us suppose that several days means five days. What do we have: The dose of opium is a little more than a grain, every four hours. All toxicologists agree that a full dose of opium will affect a patient from twelve to twenty-four hours, and that four grains is a lethal dose; or, at least, four grains have been known to kill. But we have given our patient thirty-five grains in five days—enough to kill eight men and a nigger baby!

Again. Opium is given to relieve the cough. I admit that it will do this, but just in proportion as it mitigates the cough it causes paresis of the lungs and brain, for all authorities agree that when a patient dies from opium poisoning, the immediate cause of death is apoplexy, or paralysis of the brain or lungs. Again, the doctor gives opium to mitigate pain and thereby relieve the inflammation. Now which end of the horse is this cart hitched to? Does pain cause inflammation, or does inflammation cause pain? See! My objection to this treatment is, that in treating the diseased lung the remedies interfere with the functions of every healthy organ in the body, and this would make a well man sick. Now if the doctor can so direct and balance the effect of his medicines that he can dry up the secretions in the diseased lung, or the diseased lobe of one lung, without interfering with the secretions of the healthy lung or part of a lung, then he can out-specific the most specific medicator on earth. How will drying up the natural secretion of the lung help the patient? Will opium also dry up the exudate? How do you know? If opium will dry up the natural secretion and the exudate, and it is admitted that calomel will increase the natural secretions of the lungs, will it not also increase exudation? Who

knows that calomel has any effect whatever on the natural secretions of the lungs? We know that it does *not* increase the secretion of bile.

Now I have a question which I wish to ask some one who believes in the germ theory of pneumonia. Let us take a case of pneumonia and treat it on the expectant plan; and I am not alone when I say that this plan is infinitely better than nine-tenths of the medical treatment, for it never kills. Here are the supposed pneumococci, lying in wait for the poor victim. No matter how strong and healthy he is, he is liable to take cold, or be injured about the chest. Then this enemy of human kind, this deadly microbe, fastens his terrible fangs deep into the lung tissue and begins to chew, and as he chews he multiplies, and as he multiplies he goes galloping through the blood, bidding defiance to the narrowness of the capillaries. He invades every part of the anatomy, scattering his deadly ptomains. Now, what I want to know is, why he ever lets up on the poor victim for an opportunity to attack whom he has so long waited. Why don't he finish his work? Can't he kill his victim without the aid of calomel, quinine or opium? Oh! but some learned theorist tells me that after a few days the vital force asserts itself and stops him in his mad career. When the patient is brought to the verge of the grave, is the vital force more potent to assert itself against multiplied millions than it was against a few when the patient was strong and in good health?

Now, brethren of *The World*, in writing these few lines I have expressed, perhaps poorly, what appear to me to be a few ideas—my ideas. I do not expect you all to accept of them as scientific; some will think them foolish, some will think them funny; but if I have given you in this crude way some food for thought and made you think, I shall have accomplished all I intended. If you don't approve, then just give me fits. Call me a crank, an old foggy, a hay-seed. You can't offend me. I love you all, but whom the Lord loveth he also chasteneth.

W. E. ALUMBAUGH.

Watsonville. Cal.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

THE INDICATIONS FOR TABACUM IN SEA-SICKNESS.

BY R. DE COURCY THOMPSON, F. Z. S.

From *The Homœopathic World*, April, 1900.

Two articles have during the last few months appeared in your magazine on this very important subject, and different remedies have been indicated as suitable to certain cases.

There is no complaint perhaps to which suffering humanity is so commonly liable as sea-sickness, and I may say that to outward appearances at any rate it is frequently the healthiest and most robust-looking persons who suffer the worst, and therefore some notes on this subject may be helpful.

Personally I think I was almost qualified to take the lead in this most unhappy band, for I cannot say I have met anybody who has suffered more than I have from *mal-de-mer*.

In addition to numberless journeys across the different Channels I have had a fair amount of Atlantic travelling, and until recent years I was never able to sit up to a meal at table. I have by various physicians been prescribed at different times *Cocculus*, *Creasotum*, *Veratrum*, *Nux* and *Bryonia*, but I cannot say any of them had the slightest effect.

The symptoms were as follows:

(a) Almost as soon as vessel starts mouth fills quickly with saliva.

(b) Flushed face, with feeling of heat followed by chilliness intermittently.

(c) Succeeded by vertigo, relieved only by lying down on side (right side most favorable) and pressing side of head firmly into pillow.

(d) Violent retching and vomiting throughout voyage.

Could not be relieved by going on deck, as I was quite unable to stand owing to vertigo, nor could I sit up in a deck chair—must be lying down and undressed. Have lain thus for eight days in state-room unable to eat, except something very cold, such as very cold jelly, or ice cream and iced drinks, iced ginger ale answering better than champagne. Have taken as much as three weeks to recover after landing.

About five years ago I consulted Dr. J. T. Kent, of Philadelphia, who prescribed *Tabacum* 70m. I sailed from New York shortly afterwards and the passage on the whole was exceedingly good, but for three days or so there was a heavy swell, though the weather was fine, and I never missed a meal from start to finish. I have always used this remedy since, and have never been sea-sick except in a perfect hurricane.

If the above symptoms apply to any of your readers, let me recommend them *Tabacum* 70m.

A LETTER FROM HAHNEMANN.

In the early part of 1831 Hahnemann wrote a pamphlet entitled: "Allopathy; A Word of Warning to all Sick Persons." It was published in Leipsic, by Baumgartner. This was an arraignment of the prejudiced and irrational methods of the Allopathic school. Dr. T. L. Bradford, the author of the *Life of Hahnemann*, has an original letter of Hahnemann's written regarding the publication of this pamphlet, and which plainly shows the jealous spirit with which Hahnemann was watched by the Allopathic authorities at that time. Through the courtesy of Dr. Bradford we are enabled to issue with this number a fac-simile of the letter, the translation of which is as follows:

"Most Honorable, the Privy Counselor and Fawner!"

"I accept the conditions offered me by your bookstore without reserve, and only beg for the last correction if I can possibly get it.

"But as this book reveals to the ordinary physicians extremely unwelcome truths, I take the liberty to ask your personal especial protection for it, that the printing may not be hindered by the Allopathic physicians. Therefore I put the MSS. in your hands first, and do not address it simply to your bookstore."

Your obedient,

"SAM. HAHNEMANN."

"Coethen, 19th June, 1831."

PERSONALS.

Dr. D. W. Miller has removed to Pretty Prairie, Reno county, Kan.

Dr. C. F. Curtis has returned to Lakewood, Chautauqua county, N. Y.

Dr. Arthur Peake has removed from Wahpteton to Valley City, N. D.

Dr. Stuart Close announces his removal on April 25th to 209 Hancock street, between Marcy and Nostrand avenues, Brooklyn, N. Y.

THE MINIMUM DOSE.

Hahnemann reduced and reduced the dose and yet its effects were too powerful. But with the wonderful acumen and clearness of perception in tracing out Nature's law which he so eminently possessed, he continued his reductions until he had reached that point where Nature could react; and then he learned the sensitiveness of a disease nerve,—almost beyond human appreciation. Hence by induction arose the administration of the so-called infinitesimal doses,—a stumbling block in the way of those who have made no experimental investigations. The jeering wit of the facetious allopathist expended on this point, demonstrates sorrowfully their utter want of knowledge on this

important matter. It is an attempt contrary to all philosophy to rebut *facts* by ridicule.—*Edward Bayard*.

Dr. Watzke, one of the editors of *Austrian Journal of Homœopathy*, in relation to some very careful provings of common salt, said: "Finally, as regards the size of the dose of this substance, I am reluctantly,—I say *reluctantly* as I should much rather have advocated the larger doses, being in accordance with the common view of the subject—compelled to declare in favor of the higher attenuations."—*Quarterly Hom. Journal*, Vol. II., p. 40.

Taking it for granted that the law, *i. e.*, that medicines, after being taken homœopathically, produce a slight aggravation of the symptoms, we have only to look to the experience of those who have experimented with the high potencies, to prove that they *do* produce, in many cases, sensible aggravations of the disease. Dr. Nunez says: "I am disposed to believe that the potencies beyond the 300th are more efficacious than the 200th. Of the 300th I have seen marked exacerbations." I must now briefly state the conclusions to which I, as an individual, have arrived in the investigation of this interesting subject: (1) That the high potencies *do produce aggravations*. (2) That they are suited both to *acute* and chronic diseases. (3) That the remedy must be *strictly* homœopathic to the case. (4) That more care is necessary, in the administration of the high potencies, to guard against "all foreign medicinal substances" during the action of such remedy, than is necessary in the administration of the lower potencies. (5) That it is the duty of *every* homœopathic practitioner to try the high potencies in his own practice, which none will refuse to do, unless he is blinded by prejudice or "joined to his idols."—Dr. Remington in *Phila. Journal of Homœopathy*, Vol. II., p. 20.

BOOKS FOR REVIEW.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES A text-book for students and practitioners. By G. FRANK LYDSTON, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University

of Illinois, etc. 1010 pages. 235 Engravings. Price, cloth, \$5.00, net. The F. A. Davis Co., Publishers, 1914 Cherry street, Philadelphia, Pa.

The title of this work is well borne out by the contents. The character is primarily surgical, and on this line the author has given an exhaustive study of every possible phase of genito-urinary conditions. The illustrations are numerous and the diagrams showing the various operative procedures are well executed. The anatomy of the parts is first given, followed by a description of the congenital deformities and their treatment. The diseases of the urethra and their complications and sequelæ are dealt with at great length, and about the same space (170 pages) is devoted to the consideration of syphilis. The diseases affecting sexual physiology—masturbation, sexual perversion, sterility and impotence—are subjected to the same thorough examination, and are followed by the description and treatment of diseases of the urinary organs; cystitis, urinary calculus, lithotomy, incontinence of urine, and the surgical affections of the kidney and ureters. The last part of the work is taken up with the diseases of the testes and spermatic cord. Of course the therapeutics are those of the old school, but for description of diseases, hygienic and dietetic treatment and the technique of necessary operations this work is as valuable to the homœopath as to the allopath. As a standard work, one that can be consulted with assurance, and containing all that can arise connected with the special branch to which it is devoted, Lydston's is to be specially recommended.

THE ANATOMY OF THE BRAIN. A text-book for medical students. By RICHARD H. WHITEHEAD, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. $6\frac{1}{4} \times 9\frac{1}{2}$ inches. Pages, v-96. Extra Vellum Cloth, \$1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia, Pa.

The author's description of this text-book is as follows: "In the preparation of this little book it has been the author's aim to furnish medical students with a clear, accurate and concise account of the anatomy of the brain, to be used as a guide in their study of that organ." The work is well executed, nearly every other page contains an illustration, and in the description the author gives parenthetically nomenclature of the German Anatomical Society.

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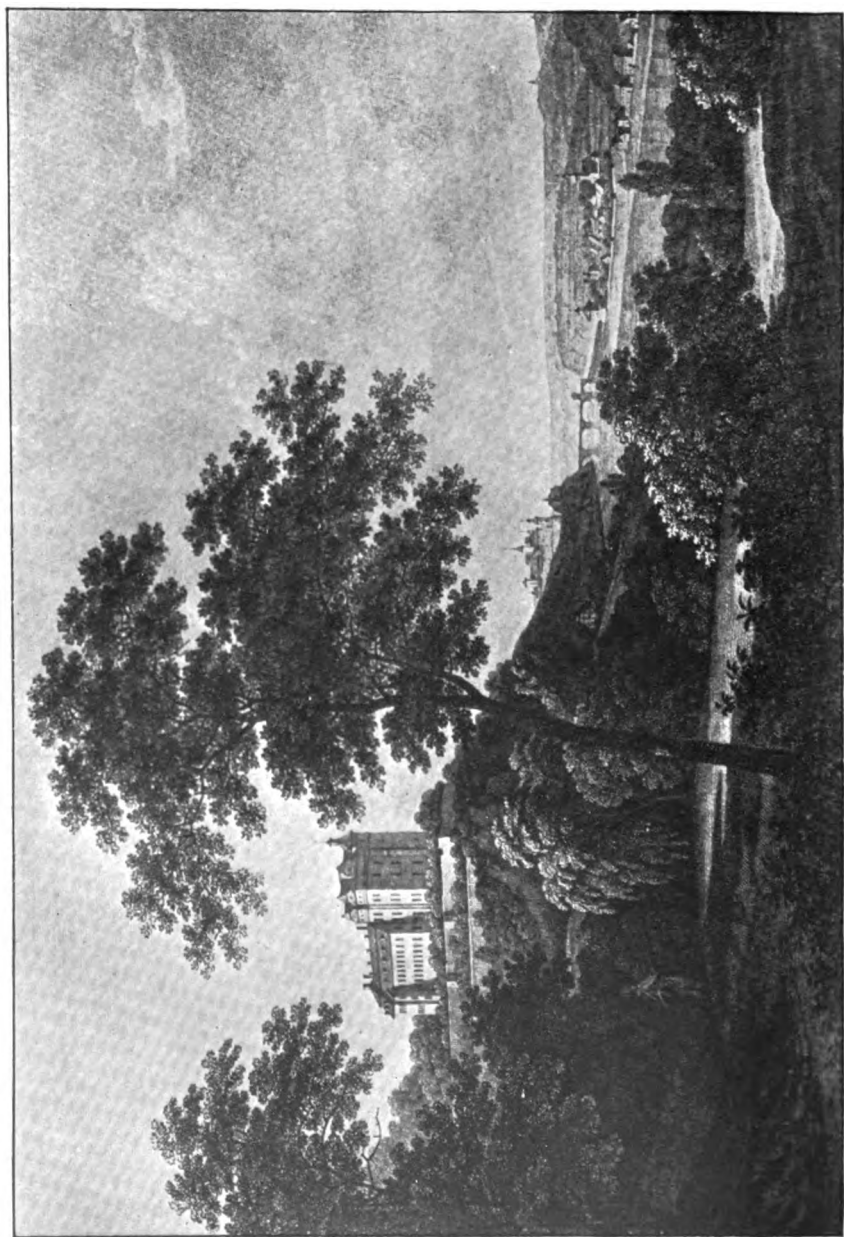
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DEPARTMENT OF MATERIA MEDICA.

APIS MELLIFICA.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.*

LECTURE I.

This medicine has so much to do with the general surface of the body that we will study the outer aspect first. All over the body is found a thick rash, sometimes of a rose color. It is rough and can be felt as a rough rash under the fingers. The patient at this time is greatly distressed by heat and the skin is violently sensitive to touch with the rash or without it. Nodular swellings here and there come and go. Then comes an erysipelatous inflammatory condition, in patches, here and there, about the head, with great tumefaction about the face, eyes and eyelids. Erysipelas may occur anywhere in Apis, but it more commonly belongs to the face and runs to a high degree of inflammatory action, with stinging and burning and œdema. In the extremities we have a marked appearance of dropsy, œdema with pitting upon pressure. A general anasarca may appear. The face is greatly swollen at times, the eyelids look like water bags, the uvula hangs down like a water bag, the abdominal walls are of great thickness and pit upon pressure, and the mucous membranes in any part look as if they would discharge water if they were to be punctured. Puffing or œdema, with pitting upon pressure, is a general condition that may be present in any inflam-

* Stenographically reported by Dr. S. Mary Ives.

matory state. There is a general amelioration from cold and aggravation from heat. The skin symptoms and the patient are aggravated from heat. This prevails also in the mental state, in inflammatory conditions, in cardiac conditions, in dropsy, in sore throats, etc. Sometimes this aggravation amounts to aggravation from warm drinks, warm room, warm clothing, warmth of the fire, etc.; if it is heat the patient is greatly disturbed. In brain troubles, if you put an Apis patient with congestion of the brain into a warm bath he will go into convulsions, and consequently you see that warm bathing is not always "good for fits." It is taught in old school text-books so much that the old women and nurses know that a hot bath is good for fits, and before you get there just as like as not you will have a dead baby. This congestion of the brain, with little twitchings and threatening convulsions, makes them put the baby in a hot bath, and it is in an awful state when you get there. If the baby needs *Opium* or Apis in congestion of the brain the fits become worse by bathing in hot water. If the nurse has been doing that kind of business you have learned the remedy as soon as you enter the house, for she will say the child has been worse ever since the warm bath, has become pale as a ghost and she was afraid he was going to die. There you have convulsions worse from heat, pointing especially to *Opium* and Apis. That is the way with Apis all through. It is not laid down in the books that Apis is worse in the throat symptoms from warm drinks and wants altogether cold things, and will not take warm things which aggravate, but one of our graduates, Dr. Keith, wrote me the other day that by making use simply of the generals, as he had been instructed, Apis conforming to all the rest of the case, he made a beautiful cure of a case of diphtheria which had the relief from cold, which shows how generals are continued into particulars and how they can be made use of and applied. The generals continue to build and enlarge our *Materia Medica*.

Upon the outer surface then we see that Apis is full of dropsy, red rash, eruptions, urticaria, erysipelas, which inflammations extend to the mucous membranes. The outer part of man is his skin and mucous membrane. When we are dealing with man from centre to circumference, we think of the innermost

as the brain and heart and internal organs that are vital, while their coatings and coverings are things that are external. Apis affects the things that are external: it effects the envelopes, the coverings. You notice how frequently it affects the skin and the tissues near the skin, and it also affects the envelopes or coverings of organs; for example, the pericardium. It establishes serous inflammations with effusion. Apis produces a dropsy of the membranes of the brain, the serous portion of the brain. It produces a high state of disturbance in this serous sac which encloses the brain. In the serous sac which encloses the heart, the pericardium, and also in the peritoneum it produces the same kind of inflammation. Thus we see that the coverings are especially affected by Apis, viz., the skin and mucous membranes and the coverings of organs; and with these we get conditions of dropsy, catarrh and erysipelas. In all of these inflammatory conditions there is stinging and burning; burning like coals of fire at times, and stinging as if needles or small splinters were sticking in.

The *mental symptoms* of Apis are very striking, and the most striking thing throughout the mental state is the aggravation from heat and from a warm room. The symptoms themselves are great sadness, constant tearfulness without any cause, weeping night and day; cannot sleep from tantalizing thoughts and worrying about everything. Depression of spirits of the worst sort with constant weeping. Sadness and melancholy; extreme irritability; borrowing trouble about everything. Foolishly suspicious and jealous. Absolutely joyless. Absolutely indifferent to everything that would make her happy or joyful. No ability to apply things that would make her happy to herself, they must mean someone else. Foolish, silly, childish behavior in a woman in confinement, in a woman in advanced years; talking foolish twaddle, such as a child would talk, on serious occasions. Another aspect of the mental state is the delirium, which comes on in serious forms of brain affections in children. The child gradually goes into a state of unconsciousness and profound stupor. Lies in a stupor, one side of the body twitching the other side motionless, rolling head from side to side; head drawn back rigidly; pupils contracted or dilated, eyes very red, face flushed, a stupid state or state of semi-consciousness. Child lying with the eyes

partly closed, as if benumbed. It is suitable in congestion of the brain, meningitis or cerebro-spinal meningitis with opisthotonos when all the symptoms are aggravated from heat. The child puts on a more dreadful state if the room becomes overheated; becomes extremely death like or pale if the room becomes overheated. If the child is able to do so it kicks the covers off. If it is in a position where it can look into a large open grate it will be much aggravated. I have seen Apis children who had to be removed from near an open fire. They will cry to get away from the heat that comes up upon them from the register or open fire. The heat increases every symptom, and sometimes causes them to break out in a cold sweat all over the body, which does not ameliorate their fever nor the burning heat. Very often the head is rolling and tossing, the teeth gnashing, and the eyes flashing with threatening convulsions, the child carrying the hand to the head at times, a state of semi-consciousness, and the child screams out with that peculiar scream which is known to congestion and inflammation of the brain—*cri encephalique*—the brain cry. The shriek is a very strong Apis feature. The child cries out with this shriek in sleep when going into brain troubles. It says in the text: "Sopor interrupted by piercing shrieks." Quite a good many medicines have that. Many have cured it which have not produced it. Of course, that is quite natural, because it is too advanced a state to be expected from the provings. Our remedies produce only sensations that lead up to such conditions. If we see them clearly we will be able to take the proving and perceive the state it indicates. If the proving had gone on far enough it might have produced many things that we would be able to cure. We must be able to see in the general beginning of provings the diseases which they resemble, for we do not always see the remedy in the advanced state. We see the disease in a state of progress, and must be able to see it in its beginning. As was the disease in the beginning so was the remedy in the beginning. Things that have similar beginnings may have similar endings.

Apis also has in its mental state muttering, all sorts of delirium, loquacity. All kinds of screaming and shrieking and crying out. shrill and otherwise, violent and less violent. Premonition of

death, dread of death, fear of apoplexy. "Very busy, restless, changing kind of work, with awkwardness, etc." *Awkward*. This symptom sometimes has as much to be considered a mind symptom as of the fingers. Awkwardness is especially found under the fingers, toes and limbs in Apis. The whole nervous system shows a disturbance in co-ordination. This disturbance in co-ordination runs through the remedy, awkwardness, staggering with the eyes shut. Dizziness when the eyes are shut. "Ailments from fright, rage, vexation, jealousy or hearing bad news." "After severe mental shock paralyzed on the whole right side etc."

The complaints of Apis are attended more or less with violence, with rapidity. They come on with great rapidity, rush on with violence, until unconsciousness is reached. The aspect of a severe Apis case is one of violence. It has been my fortune to see a good many violent cases of poisoning from the sting of Apis. When the oversensitive patient is poisoned by the sting he is dreadfully sick. The majority of people in the course of their life have been stung by the honey-bee and a mere little swelling occurs in the region of the sting, a swelling as big as a robin's egg or a hen's egg at most, without constitutional states; that is, when the individual is not sensitive to Apis. He may have been stung in half a dozen places and each one gives him a little lump. But you meet one who is sensitive to the sting of the honey bee, and if he gets one little sting on any place in his body, he comes down with awful nausea and anxiety that makes him feel that he is dying, and in about five to ten minutes he is covered with urticaria from head to foot; he stings and burns and wants to be bathed in cold water; he fears that he will die if something is not done to mitigate his dreadful suffering, rolls and tosses as if he would tear himself to pieces. I have seen all that come on in five minutes after Apis. The antidote for that is *Carbolic acid*, no matter how high you have the potency. I have seen *Carbolic acid* administered in that state, and the patient described the sensation of the *Carbolic acid* going down his throat as a cooling comfort. He says: "Why, doctor, I can feel that dose go to the ends of my fingers." When you administer an antidote under such circumstances listen to what your patient says. When you get the true

natural antidote, and at times when you get the true curative medicine in a case, no matter how high the potency is, the patient will say: "I feel that to the roots of my hair and to the ends of my toes." Such is the feeling it gives when the true antidotal medicine goes to the innermost portions of his economy, and that is the way we want to get our medicines always, to be so guided by the symptoms of our patient that they will tell us what medicines to administer, and when the medicine is administered its highest reaction is one of that sort. The feeling is one of comfort and a cool feeling as it goes down the œsophagus. I once administered a dose of *Zincum* very high, and I travelled a good many miles to give it. The patient was paralyzed on one side. When I put the dose of *Zincum* on her tongue she said she felt the medicine go right there (putting her hand to a spot on her head), and in a few days the paralytic condition disappeared. Before I left the room she said: "Why, it is going all over me." The confirmation was there. So it is, as soon as these sensitive patients get a remedy you know right away that it will cure them. I presume you have heard patients say: "Doctor, that first powder you left me did me a world of good, but I did not feel the next one." Well, that is a very good thing to hear, for that first powder is the one that is going to do the work.

LECTURE II.

If we are well acquainted with the symptoms of *Apis* we can many times get along without having a specialist to treat the eyes. The eye specialists are, most of them, blind makers. They make more people blind with their lotions, caustic solutions, etc., than they benefit. The old-fashioned way was to cauterize with copper and silver nitrate solution, and the modern things are not much better. You let a patient get into the hands of an oculist and you are pretty sure to let him get into lots of trouble. Outside of fitting of glasses, the treating of eye disease by the oculist is an abomination. At the present day the homœopathic physician who is not capable of taking eye symptoms as well as lung symptoms and symptoms of any part of the body is not

competent to practice medicine. Eye cases can be prescribed for by the physician better than by the oculist. In Homœopathy there is no such thing as treating the eye and other organs of the body, but the patient with his organs, not the patient with one or two organs, but the patient with all his organs. As a physician, the oculist has but little place. If anyone thinks of devoting special attention to any one particular part or particular disease, it is allowable for him to do so only while carrying on either a consulting practice or family practice. The specialist takes the case entirely out of the physician's hands for one particular organ, and muddles the case all up; and then sends it back to the family physician, who can then do nothing with it. The time may come when we may have Hahnemannian oculists, but it is doubtful, for there is no inducement to become such. It may be that a Hahnemannian who has been a physician may settle down as a consultant in eye cases.

Apis is a great remedy for the eyes. It has deep-seated inflammatory complaints of the eyes as a result of disease. Inflammations that are erysipelatous in character, that leave thickening of the mucous membrane and lids, and white spots all over the eye; opacities. Inflammation with opacities very extensive or in patches. Enlarged blood vessels. When the inflammatory condition is active it is attended with œdema of the lids, both upper and lower, and the whole face is sometimes in a state of œdema and swelling, such as you would expect to see after a bee sting. The swelling of the mucous membranes of the lids is so enormous that they roll out, looking like pieces of raw beef. Profuse lachrymation. The fluid will run out over the cheeks in great abundance. Burning and stinging like fire, smarting like fire, better from washing, from cold applications, worse from heat. Chronic eye troubles that are worse from sitting looking into an open fire, worse from radiated heat; wants something cold applied. Chronic granular lids. The results of chronic inflammation are numerous and extensive. Worse from looking at white things, worse from looking at the snow. Pain in the eyeballs, pain deep in the eyeballs, stitches, burning, stinging and shooting. Chemosis. Apis is often suitable for old scrofulous affections of the eyes. Apis has produced such a violent inflammation in

and around the eye that a staphyloma has formed. Vascular affections, the veins are enlarged. "Iritis." "Congestion to the eyes, blood vessels injected;" whole conjunctiva inflamed, congested, blood vessels are large. Photophobia. Rheumatic ophthalmia, that is a high grade of inflammation of the eyes in rheumatic subjects, through cold. Catarrhal inflammation of the eyes, scrofulous inflammation of the eyes. Oedema is a striking feature, erysipelas is a striking feature. Hot tears gush out of the eyes; burning in the eyes. Erysipelas of the eyes and sides of the face, *extending from the right to the left*. This direction is an Apis feature in many other respects. Erysipelas commences on the right side of the face, extends over the nose to the left side. Inflammation commences in the right side of the abdominal viscera and extends over to the left. In inflammation of the ovary the right is preferred to the left. The right side of the uterus is preferred. Pains in the whole right side of the pelvis extending over towards the left. Burning stinging here and there spreading from right to left.

Inflammation of the middle ear in connection with or after scarlet fever.

The face was sufficiently described in the generals. It has swelling and erysipelatous and inflammatory conditions of the skin, worse from heat; burning, stinging of the skin.

Now we come to the throat troubles of Apis. We have much throat trouble. Apis cures diphtheria, especially when there is a high grade of inflammation and the membrane is scanty or comes slowly and insidiously, and it is somewhat of a surprise the gradual progress it makes; the parts are oedematous and the soft palate is puffed like a water-bag, and the uvula hangs down with a semi-transparent appearance like a bag of water. All around in the throat and mouth there is an oedematous condition looking as if it would flow water if pricked. Burning stinging pains in the throat, ameliorated by cold and aggravated by heat. Aversion to all warm substances and drinks. The tongue swells until it fills the mouth, worse on the right half of the tongue, or involving the right side first. Raw beef appearance, denuded appearance, of the tongue and buccal cavity and throat. Various kinds of swelling in the throat; benign swellings, with burning,

stinging and redness. Ulcers in the throat that come as a result of this inflammation. Apis is suitable in the severest forms of sore throat accompanying scarlet fever. It cures scarlet fever when the symptoms agree, and it is not an uncommon thing for Apis to be suited to scarlet fever, though the rash is sometimes rough. The scarlet fever rash is not always smooth and shiny, as described by Sydenham. When the rash does not come out at all the face is very pallid, with a high grade of inflammation of the throat; the scarlet fever is in the family, and the skin is red without any rash; in those cases that are worse from heat, want the covers off, and are sensitive to the heat of the room. The patient desires a low temperature in the room, is worse from heat, wants cool things, worse from radiated heat especially, or hot air that comes from a register or fire. That is a wonderful disturbance to an Apis patient; he suffocates when a little warm air is radiating over the body. He is disturbed from heat even in the chill of an intermittent fever; if in a warm room when having a chill, he suffocates. So it is with the scarlet fever, with the sore throat, and in diphtheria; from the least whiff of radiated heat he suffocates. He wants the doors and the windows open, wants something cold. It is so described in the generals. Sometimes the scarlet fever patient will go into convulsions because the rash fails to come out. Apis is sometimes a suitable remedy, and must be compared with *Cuprum*, *Zincum* and *Bryonia*. A warm bath will intensify the convulsion.

"Sensation of constriction and erosion in the throat in the morning," etc. Throat sore and swollen; stinging pains. "Could not swallow solid food." With these complaints there is often shivering, shuddering, little chills intermingled with the febrile state. Many times you will think to palliate him by covering him up with a warm blanket, but it will make him worse, he will throw it off. A child will kick off the covers. An adult who is shivering while covered up will kick off the covers. These strange and peculiar things are guiding features, things that cannot be accounted for,

In Apis there is vomiting, nausea, retching and vomiting, with great anxiety. Vomiting of bile and everything eaten. Vomiting of bitter and sour fluids.

Apis causes soreness and a condition of tightness throughout the abdomen and hypochondria. Tightness felt as after a sting. Sensation of tightness runs through a good many of the complaints of Apis. The abdomen is distended with gas. Meteoritic condition, great tension and fulness, hard and drum-like. In all inflammatory complaints, in peritonitis, inflammation of the liver, inflammation of the pelvis, there is great tension, tightness; but this tightness is not always general, sometimes it is local; sometimes it is with little congestion, but tightness prevails throughout the abdomen, and this tightness makes it impossible for the patient to cough for fear something will burst. The cough makes him feel as if something would be torn. Cannot strain at stool. This is common in the abdominal and pelvic complaints of women. The woman will say she cannot strain at stool, because of the feeling that if she strains something will break loose. The same state exists in the chest. It seems that on coughing something will tear loose, as if the fibres are in a state of tension or stretching. This runs through the whole nature of the remedy.

Hypersensitive state of the liver; inflammation of the liver and spleen. Pain under the short ribs, worse on the left side. "Pains from below the ribs spreading upward. Obligated to bend forward from a painful contracted feeling in the hypochondria." All the complaints are likely to make the patient bend forward and flex the limbs, because the state of tension is painful. Pit of stomach sensitive. Sensitiveness of the stomach to touch. Over the whole abdomen she is so sore that touch is extremely painful; in all the inflammatory complaints of women the abdomen is very sore and painful. Soreness, distension and stinging burning pains through the abdomen. Burning heat in the stomach. Irritability of the stomach.

In the external abdomen there is pitting upon pressure, an œdematous state. Low grade inflammation in the abdominal cavity. Dropsy, sometimes alone, sometimes with anasarca. Limbs swollen to the full extent, pitting upon pressure, the feet and limbs swollen, with burning and stinging and numbness in the limbs. Dropsy belongs to all the complaints of Apis.

Feeling as if the intestines were bruised. Inflammation of the

bowels, etc. This medicine is full of constipation, but it is more especially useful in diarrhœa. The constipation is such as was described; straining with stool, but unable to make any great effort for fear something will break. Watery diarrhœa is common in Apis; yellow stools, green stools, olive green stools, watery stools, etc. Every day six to eight diarrhœic stools which smell like carrion. It is especially useful in a peculiar kind of stool occurring in children and infants, an intermingling of blood, mucus and food, giving the stool an appearance like tomato sauce. The anus protrudes with this stool and it seems to remain open, an open anus like *Phosph.* and *Puls.* Chronic diarrhœa, dysentery, hemorrhage from the bowels. In its constipation it is related more commonly to head troubles. He goes many days without a stool. The bowels seem to be perfectly paralyzed, with congestion of the brain and acute hydrocephalus

The urinary troubles are numerous in Apis. The urine is scanty, coming only by drops. Much straining before the urine will start and then only a few drops; dribbling a little hot urine, burning urine, bloody urine. As soon as a few drops collect in the bladder the urging comes, constant, ineffectual urging. Later the urine is almost suppressed. Infants go a long time without passing urine, screeching and screaming and carrying the hand to the head, crying out in sleep, kicking off the covers. Very often a dose of Apis will be found to be useful for all the rest of the symptoms. It is often called for in scarlet fever when the urine is loaded with albumen. Burning with the passage of scanty urine. Urinary troubles, with swelling of the genitals, and the swelling is œdematous. Scanty urine in little boys, with the foreskin enormously distended or hydrocele. Every time the call to urinate comes he will shriek, because he remembers the pain he had the last time. Inflammatory complaints of the kidneys and ureters, bladder and urethra. The whole urinary tract is in a high grade inflammatory state very much like *Cantharis*, and these two medicines antidote each other. If you are called to a child that has been drugged with crude *Apis* you can generally antidote it with *Cantharis*. If you go to a woman who has taken *Cantharis* for vicious purposes you can very often overcome it with Apis. The violent frenzy that has been

brought on by *Cantharis* will be overcome by Apis. The awful smarting and burning and stinging along the urinary tract will be found under Apis. "Flow of urine unconscious." Stitching pain in the urethra with enuresis. Morbid irritability of the urinary organs Page after page describes the various sufferings, intense suffering, retention and suppression of urine. "Strangury. Agony in voiding urine. Retention of urine in nursing infants." It is queer how the old women knew, long before Apis was proved, that when the little new-born baby did not pass its water they could find a cure by going out to the beehive and catching a few bees, over which they poured hot water, and of which they gave the baby a teaspoonful. Some domestic things like that have been known among families and among nurses, and it is consistent, because it is just like what we give Apis for. "Urine scanty and fetid, containing albumen and blood corpuscles." Especially in acute albuminuria. The acute inflammatory affection of the kidney with albuminuria, such as occurs in scarlet fever or diphtheria or after these, such as occurs as a sequel of acute disease. Inflammation of the kidney closes up the case and kills off a good many in allopathic hands, never in homœopathic hands. It is closely related to the genital organs of both male and female. Swelling and œdematous state of the genitals. Apis is a great friend to the woman. It cures all of her inflammatory complaints it seems when the symptoms agree. That is to say, it produces inflammation of the uterus and ovaries and dreadful sufferings in the external and internal parts, and we have only to discover when the symptoms agree to cure most of these inflammatory troubles. It even stops abortion. It will stop abortion after some miserable scoundrel has attempted to get rid of the woman's off-spring and she has taken drugs and brought on pains, pains strong enough to expel the contents of the uterus, especially in the first, second and third months. A little hæmorrhage has come on, a mere threatening, the membranes are not yet ruptured, but they soon will be, and she has stinging burning pains, and lies uncovered and suffers from the heat, probably from the overdose of Ergot. Apis will overcome this greatly to her regret. This kind of villainy prevails. But women have accidents and weakness, whereby in spite of the

fact that they desire to hold their off-spring they are threatened with abortion, and Apis is a great friend to the prospective mother. Burning and stinging pains in the ovaries, especially the right ; when greatly enlarged and even cystic, Apis has proved a curative remedy, has often cured tumors, and has caused cystic formations to stop growing or to disappear. The right ovarian region is very sensitive. Pain in the uterus and ovaries before and during menstruation. Stinging, rending, tearing pains cutting like knives, worse from heat. It is a very easily got symptom, because in most painful symptoms heat or the hot water bag are tried with the natural hope of relief, but with this remedy it aggravates. She throws it aside, for the pain is made worse from heat "Ovaries enlarged," etc. Dropsy of right ovary. Ovarian tumor. Of course, you know it is impossible to select a remedy upon a tumor, and it is great folly to select a remedy for the purpose of removing a tumor. That should never be in the physician's mind, but he should select a remedy calculated to restore the patient to health, not with a prognosis of removal of any of the results of disease. He should restore the patient to health, and hope for the best, and under these circumstances tumors do go away. When the patient is restored to health the tumor stops growing. Sometimes that is all that can be expected and all that is possible, because it is only possible to obtain a partial degree of health. If the patient is in a good state of vitality when all has been obtained that is possible you will find that the tumor will continue to shrivel. Just so long as the patient is left in health and continues under the care of the physician, she will find the tumors continue to dwindle and finally disappear. It is astonishing where they go ; you know about as much of where they go as where they came from. It is not safe to remove the results of disease until the patient has been cured, or at least until you have tried it. To remove a tumor before the patient has been cured is but to remove a tumor from a sick patient, and the body will re-form that tumor or another one in a weaker place, which is a bad thing for the patient. First cure the patient, or at least do something to stop the growth of the tumor. If nothing more can be accomplished, and it is in the way of the patient, a hindrance and encumbrance, then it is, perhaps, best to remove it.

In cancerous affections where there is violent burning Apis will sometimes mitigate the sufferings. It will do this sometimes when it is not the constitutional remedy, so do not suppose because it relieves the pain that it is the best remedy for the patient. It may be the best you can do.

This remedy is full of cough and disorders of respiration, heart troubles and pains and gout in the limbs, full of inflammatory conditions, full of disturbances in sleep; troubles coming on time, disordered sensations that we have not any time to say anything about. The tissue manifestations are too numerous to mention; skin affections, eruptions, warts, urticaria, numerous spots and elevations upon the skin.

It would take another week to take up the wonders of this remedy, but we have not the time and we will talk about the silver question next hour.

ANACARDIUM ORIENTALE.

This remedy is full of strange notions and strange ideas. The mind appears to be feeble; almost, if not complete, imbecility; seems as if in a dream; everything is strange: slow to comprehend. Dreadfully irritable; disturbed by everything; cursing. Weak memory. Forgetful of things in his mind but a moment ago. All his senses seem to vanish and he gropes around as if in a dream. Change of states; alternate states. Dulness and sluggishness of the mind prevail. He is in a continuous controversy with himself. Irresolution marks his character. He cannot settle between doing this and that, he hesitates and often does nothing. He cannot decide, especially in an action of good or evil. He hears voices commanding him to do this or that, and seems to be between a good and an evil will. He is persuaded by his evil will to do acts of violence and injustice, but is withheld and restrained by a good will. So there is a controversy between two wills, between two impulses. When this is really analyzed by one who knows something of the nature of man it will be seen that the man is

disturbed in his external will, but the internal will cannot be affected by medicine. His external voluntary is continuously excited by external influences, but his real will, in which is his conscience, restrains that and keeps him from carrying the impulses into effect. This can only be observed when its action is on a really good man. He has a controversy when his external will is roused, but in an evil man there is no restraint and he will not have this symptom.

Hallucinations: a demon sits on one shoulder and an angel on the other. He is disposed to malice and has an irresistible desire to curse and swear. Laughs when he should be serious. So it is carried on until all things in the external will are inverted. Internal anxiety, *i. e.*, the internal will, is in a turmoil over this external disturbance. "Contradiction between will and reason" is an attempt to express what the individual knew nothing about. "Feels as though he had two wills." That is better. It finally destroys or paralyzes the external will, and when a man is naturally evil and is under the paralyzing influence of Anacardium, he will do acts of violence. A wicked man is restrained, not by his conscience, but by fear of the law. Anacardium paralyzes the external will and places him in a position of imbecility, and he does acts of violence from his own natural perverted self. It has so acted on a portion of the mind that it teaches a great deal. I have learned much from Anac., *Aurum* and *Argentum* of the strange action of medicines on the human mind. Psychology must be figured out by the action of drugs on the human mind. By this means we get at facts and can lay aside many hypotheses.

Ideas as if nothing real, all seems to be a dream. Fixed ideas. He thinks he is double. This comes from a vague consciousness that there is a difference between the external and internal will, a consciousness that one will is the body and another is the mind. Dwells on thoughts about salvation. That a stranger is by his side, is another recognition of the two wills. That strange forms accompany him, one to his right side and one to his left. This remedy drives him to all sorts of mania and madness. Alternation of his moods and understanding. One moment he sees a thing and another moment he does not understand it. One moment she sees it is her child and another that it is not.

One moment it is a delusion and next moment it is an illusion. One moment thinks it is so, and next moment has enough reason left to know that it is not so. Delusion is an advanced stage of illusion. In the Repertory we have the same remedies often in illusion and delusion, it is a matter of grade. When the intellect is slightly affected it is an illusion, and what he sees he knows is not so. He sees demons and at first he knows from his intelligence that a demon is not there, but later he wants you to drive him out. It does not matter which, they are similar symptoms, and it is a matter of degree, and so in the Repertory delusions and illusions are not given separate places.

Anac., *Hyos.*, *Stram.* and *Bell.* are important in bringing out the quality of the perverted human mind as to the intelligence and affections. Whenever a medicine makes a man desire to do something it affects his will, and when it affects his intelligence it is acting on his understanding. Medicines act on both.

Low spirited, disheartened, fears he is pursued, looks for thieves, expects enemies, fears everything and everybody. Full of internal anxiety. No peace. He is separated from the whole world, and he despairs to do that which is required of him. Cowardly in the extreme. Fears some dreadful thing will happen. Morose, sulky, sullen. Unsocial; complains of weak memory. Slight causes make him excessively angry. A strong feature is that all moral feeling is taken out of him. He feels cruel. Can do bodily injury without feeling. Cruel, malicious, wicked.

Bad effects of mental excitement. Weak minded. Consequences of fright and mortification. Suitable in religious mania, when the conflict between the external and internal will is kept up. It is analogous to *Hyos.*

Many complaints are ameliorated by eating.

Sensation here and there of pressure, described as of a plug, all through the body, in the head, eyes, in the navel, and down the spine. Objects appear too far off. Things have a strange look, sometimes uncanny. Illusions of smell, burning timber, pigeon's dung. Chronic dry coryza.

The whole body has been well covered by symptoms; but it seems that the mind represents the principal aspect, and it will

seldom be used excepting for the mind symptoms. Usually when the mental symptoms are strong the physical are also covered by the remedy.

Full of trembling and paralytic weakness. Tetanus ; epilepsy. Sensations as of a hoop or band round the body, limbs or head ; pressing as of a plug.

The eruptions are like *Rhus* in many respects ; erysipelatous eruptions dark, dusky, and of malignant types. It is an antidote to *Rhus* poisoning, and not infrequently so. Eruptions all over. Yellow liquid is common. Intense itching of eruptions. Warts on the palms like *Natrum mur.* Skin burns much. It seems closely related in its symptoms to all the *Rhus* family.

PLANTAGO MAJOR—A STUDY.

HARVEY FARRINGTON, M. D., H. M., Philadelphia, Pa.

“The more we investigate the general relations of our reputed drugs with the diseases to which man is subject, the more we are struck by the curious circumstance that it is precisely in the districts where certain pathological affections prevail we meet, by some admirable arrangement of the Creator, an abundance of the substances which are most capable of curing them.”

Thus wrote old Dr. Teste years ago. Casanova and, at a still earlier date, the celebrated botanist, Fuchs, had made similar observations, establishing beyond a doubt the truth of the above paragraph and offering, unconsciously, a strong plea for the closer study and more frequent application of our indigenous remedies. The following study is an attempt to present a brief outline of the common Plantain, a remedy that has been applied, on clinical more than on genuine pathogenetic grounds. The plant, with its broad, smooth, heavy ribbed leaves, is a familiar object along lanes and by-ways throughout North America and Europe. It is not, strictly speaking, a native of the former territory, but the history of its emigration from the continent of Europe lends to the little plant even greater significance. It did

not exist in this country till the white man first set foot upon American soil. From that time to this it has ever been his companion, springing up in the clearings he made, no matter how deeply into the primaeval forests he pushed his way. Indeed so marked was this that the Indian, quick to observe it, christened the new comer "White man's footstep." If, therefore, remedies indigenous to certain districts are apt to be more suitable in the maladies prevailing thereabouts, is it not quite plausible to assume that those which accompany an emigrating people springing up in their new environment, apparently from spontaneous generation, are even more closely related.

The plantain also brings with it a good recommendation from domestic practice. Many and many a time have its leaves been gathered and crushed to cure little Sallie's toothache or the pains in little Johnnie's ear. Even as far back as A. D. 1558 we find the following quaint sentence in the "Herbal Dodœns:" "The juice or decoction of the leaves and roots do cure and heal the naughtie ulcers of the mouth, the toothache and bleeding of the gums."

Dr. Rentlinger describes the curious manner in which the leaves are used as a toothache remedy in Switzerland. They are frayed, he says, into shreds and thrust into the ear of the same side as that of the offending tooth, and what is singular, in cases benefited, the fibres become black and are then renewed, but where no relief is experienced they retain their green color.

The ancients were well aware of the efficacy of *Plantago* in intermittent fevers, prescribing the infusion, to be taken two hours before each paroxysm. Although the present list of symptoms includes very few that point in this direction, further proving will doubtless develop them. Indeed, the remedy has not been very thoroughly studied as yet, and the picture revealed by its pathogenesis still needs rounding out. The use of the plantain in fever and ague has been confirmed clinically by the homœopathic school.

One of the most important features of the remedy is its ability to heal injured tissue, vieing with *arnica* and *calendula* in their relation to injuries. The tincture, applied externally, heals not only ordinary bruises but the bites of animals and poisoned

wounds, even when gangrene threatens. Apropos of this, it is related of a toad which was endeavoring to capture a huge spider that whenever he was severely bitten he retired to some plantains and covered himself up in some of the leaves. In a short time he would renew the combat.

The provings have developed a few *genaral characteristics* that will aid in differentiating similar remedies. That which seems most prominent in the *Plantago* patient is weariness and malaise. He continually desires to stretch and yawn, he feels weak and heavy, the lower extremities feel like lead. Hence he is averse to physical and mental exertion, though motion ameliorates nearly all his symptoms.

Many complaints are < in the forenoon, but especially do we find them coming out on waking in the morning. The patient drags through a restless night, full of troubled, frightful dreams, only to awake to the consciousness of weariness, headache, sore, dry throat, and soon an uneasiness pervades the abdomen as if diarrhoea would ensue, and sometimes it actually does.

Coinciding with the affinity for injured tissue, we have sore, bruised feeling of different parts, particularly about the face, head and teeth. It is but one step further to the pains themselves, which are numerous and very severe. Boring and digging predominate in teeth, face and joints; fine sticking, darting, twinging fugitive pains harass muscles, joints, head and other parts; only in the abdomen are the pains pinching and griping in character.

By far the most of the complaints are < on the left side. Thus the left eye, left side of head and face bear the brunt of the neuralgic sufferings, the teeth on the left side are sore and raised in their sockets, the rheumatism persists in settling in the left arm and leg, and even the coryza attacks the left nostril before going to the right.

These pains, being mostly neuralgic and rheumatic, are < from cold and cold air, though some forms of the toothache are < from either cold or heat.

Coming now to a more particular view of the remedy, the MENTAL SPHERE may be sketched as follows: *Irritable*, morose; impatient, restless, with dull, stupid feeling in the head; great excitement and anxiety (Cf. *Acon*). And again, great mental

prostration, moroseness < in the evening, confusion of thought < from mental effort, > from motion; aversion to mental or physical labor, "everything was a burden to him."

In the HEAD, twinges of pain in different localities, fine stitches, severe pain left side of forehead, extending deep into brain; headache associated with toothache.

EYES; dimness of sight as from a veil; ciliary neuralgia from a decayed tooth; orbits feel bruised.

Neuralgic pains in the EARS are often associated with toothache; *sharp*, twinging, darting < in left ear, < from noise.

There is a peculiar coryza characterized by suddenness; *discharge of clear, watery, bland, saffron yellow fluid*, first from left, later from right nostril, suddenly pouring out.

The pains in the FACE resemble those of other parts; violent, bruised aching in the face.

Nowhere are the effects of the remedy more prominent than on the TEETH. *Intolerable boring, digging*, < walking in cold air, by touch and extremes of heat or cold; somewhat > by lying down in a cool room. *Teeth, especially left side, feel sore and elongated*; gums dark red, inflamed, bleeding; children grit the teeth during sleep.

The following is a good clinical hint: When a tooth, in which the nerve is dead, becomes sensitive and remains so after the dentist's manipulation, and there are no other symptoms, give *Plantago major*. Antimonium crud. empirically for sensitive dentine, *Plantago* for sensitive peridental tissue.

In the THROAT there is sensation of *dryness and scraping*; sensation of constriction; < on waking in A. M.

The STOMACH and ABDOMEN present a few symptoms of note; eructations tasting of sulphur, and later as if the prover had taken water well charged with carbonic acid gas; followed by rumbling in the abdomen and diarrhoea. Nausea with drowsiness and a faint, tremulous sensation.

Plantago is found among the antidotes of tobacco. It relieves neuralgia and other complaints from the excessive use of the drug, and, like *Caladium*, is said to produce an intense disgust for the weed in tobacco chewers.

Under STOMACH symptoms we have heaviness a few hours after

a meal, even if only a little food has been taken; some heat in the præcordium; but the prominent indication for the remedy in the gastric sphere is *relief after eating*—colic relieved by *eating*. Only a few remedies have this modality, but *Plantago* is one of them. The pains are, as elsewhere, darting, shooting, sticking, but here and in the abdomen especially griping, mostly in the upper part; their cause is indicated by the rumbling and loud discharge of offensive flatus. There is empty, sinking sensation in the abdomen; he feels as if diarrhœa would come on, and such is often the case. Then the stools are *frequent, brown, watery* and acrid, or *fermented, frothy*, papescent, preceded by griping and flatulence, and accompanied by painful urging, faintness, weakness and some prolapse of the rectum. They are < 8 to 10 A. M.

In nocturnal enuresis, the plantain is one of those minor remedies which cures a case now and then where more important remedies have failed. The trouble is due, the book tell us, to reflex irritation from worms, but whatever the exciting cause, the remedy will cure if the symptoms proclaim it the similimum. There may be irritable bladder, with urging, tenesmus and scanty, dark-colored urine, but the more characteristic urinary group is that of parietic sphincter and involuntary discharge of *great quantities of clear, watery urine*, usually during sleep.

The respiratory symptoms are very meagre, but the NECK, BACK and EXTREMITIES bring out a list of rheumatic symptoms, some of which are worthy of note. The tendency to left-sided involvement has already been pointed out. There is weakness and weariness of the back and loins; *cold sweat over the lumbar and sacral regions*; dull aching, < standing or from motion. A strong symptom is that of leaden heaviness of the lower extremities (like Gels., Picric ac., etc.).

SLEEP is restless and unrefreshing—the patient wakes at 4 A. M., like Sulph., Sepia, Nux, Rhus, etc.

Plantago has frequently cured CHILLS and FEVER; even old chronic cases, made intractable by massive doses of quinine, have yielded to its influence. Chill without thirst, < when moving about; fingers and hands cold even in a warm room; feet and legs like ice.

Heat with intense excitement and restlessness. Note how nearly identical with *Aconite* is the following from Allen's Encyclopædia: "Highest degree of excitability; high fever; strong bounding pulse; with thirst; oppression of the chest with rapid respiration; difficulty of breathing, as if there were no air in the room; pacing backward and forward in the room, in the greatest anxiety, then throwing myself on the bed and rolling from one side to the other in the greatest mental agony, without really knowing why; continued in this state till 1 A. M., when I fell asleep."

On the SKIN, *Plantago major* causes erysipelatous inflammation; also vesicles and papules with intolerable itching < at night, burning after scratching.

Little can be said as regards *Relationship*—of the Plantain. Its antidotes *Rhus* and *Apis* and its use in complaints due to the abuse of tobacco has already been alluded to. The toothache, in the case of one prover, was relieved by *Mercurius*, and for the face, which became unbearable, another took *Platina* with some benefit.

The following case is herewith submitted, as it confirms some of the symptoms of this remedy:

1898. Mr. R. J. A., aet. 23, tall and thin.

Dec. 1. Has been ailing six months, having taken Green's Nervura, Hood's Sarsaparilla, Ripan's Tabules, and many other quack preparations without relief.

Head—queer, indescribable sensations; sharp, sticking pain from forehead to occiput < when he catches cold.

Sharp, darting pains all through him everywhere.

Profuse sweat over lumbar region and back of thighs; at times on head and feet; night sweat.

Chest—has had pains in region of heart as far back as he can remember.

Back—sharp pain in lumbar region going down the hips.

Vertigo.

Appetite good; craves pickles, salt; beer causes diarrhoea; greasy foods disagree.

Horrible dreams at night.

Chilly but cannot stand very great heat.

Plant. maj. cm. and Sac. Lac.

Dec. 6. Improving.

Had sweat last night.

Sac. Lac.

Dec. 20. Headache less frequent.

Sac. Lac. Sweats >.

1898.

Jan. 7. Pains and all other symptoms >.

Foot sweat has decreased.

Sac. Lac.

Jan. 17. Pains in head last two days.

Otherwise feels well.

Sac. Lac.

Jan. 24. All symptoms <.

Plant. cm. and Sac. Lac.

Jan. 31. Has been improving all week,

Says he sleeps well, but before going to sleep sees faces in the dark.

Sac. Lac.

Feb. 18. Sweat once since last visit.

Delusions gone.

Sac. Lac.

March 7. Complains of nothing.

Alas, the rules which the experienced founder of Homœopathy lays down in the *Chronic Diseases* with so much emphasis are not always practiced and therefore cannot be appreciated. Many oppose them; cures which otherwise might be speedy and certain are delayed; much injury is being done by the wiseacres who intrude themselves into our literature and mix with it as chaff with the wheat.—*Hering*.

It is the duty of all of us to go farther in the theory and practice of Homœopathy than Hahnemann has done. We ought to seek the truth that is before us and forsake the errors of the past. But woe unto him who, on that account, should personally attack the author of our doctrine; he would burthen himself with infamy. Hahnemann was a great savant, inquirer and discoverer; he was true as a man, without falsity, candid and open as a child, and inspired with pure benevolence and with a holy zeal for science.—*Hering*.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXV.

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY.

After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much upon his observations, and upon his action depends the good of the patient. If he is not conversant with the import of what he sees, he will undertake to do wrong things, he will make wrong prescriptions, he will change his medicines and do things to the detriment of the patient. There is absolutely but one way, and nothing can take the place of intelligence. If you talk with a great many physicians concerning the observations you have made after giving the remedy you will find that the majority of them have only whims or notions on this subject and see nothing after the prescription is made. These observations I am going to give you have grown out of much watchfulness, long waiting and watching. If the homœopathic physician is an inaccurate observer, his observations will be indefinite; and if his observations are indefinite, his prescribing is indefinite.

It is taken for granted after a prescription has been made, and it is an accurate prescription, that it has acted. Now, if a medicine is acting it commences immediately to effect changes in the

* Stenographically reported by Dr. S. Mary Ives.

patient, and these changes are shown by signs and symptoms. The inner nature of the disease appears to the physician through the symptoms, and it is like watching the hands upon the clock. This watching and waiting and observing has to be done by the physician in order that he may judge by the changes what to do, and what not to do. It is true that the homœopath is not long in doubt in many instances what not to do. There is always an index that tells him what not to do. If he is a sharp and vigilant observer, he will see the index for every case. Of course, if a prescription is not related to the case, if it is a prescription that effects no changes, it does not take long to see what to do; much patient waiting for a foolish prescription is but loss of time, and that should be taken into account among the observations. The observations taken after a specific remedy has been given sufficiently related to the case to cause changes in the symptoms are those of value. Now, the changes are beginning, what are they like, what do they mean, to what do they amount? The physician must know when he listens to the reports of the patient what is going on. The remedy is known to act by the changing of symptoms; the disappearance of symptoms, the increase of symptoms, the amelioration of symptoms, the order of the symptoms are all changes from the remedy, and these changes are to be studied. Among the most common things that remedies do is to aggravate or ameliorate. The aggravation is of two kinds; we may have an aggravation which is an aggravation of the disease in which the patient is growing worse, or we may have an aggravation of the symptoms in which the patient is growing better. An aggravation of the disease means that the patient is growing weaker, the symptoms are growing stronger; but the true homœopathic aggravation, which is the aggravation of the symptoms of the patient while the patient is growing better, is something that the physician observes after a true homœopathic prescription. The true homœopathic aggravation, I say, is when the symptoms are worse, but the patient says, "I feel better." We must now go into the particulars concerning these states, as to the time and place, as to how the aggravation occurs, as to how the amelioration occurs, as to duration, etc. The aggravations and ameliorations, the direction of symptoms

and many other things have to come up, and be observed and judgment has to be passed upon them. One general thing that may be said is, that the patient should be the aim of the physician, his whole idea should be centered upon the patient to determine whether he is improving or declining. We have to judge by the symptoms to know that this is taking place. Very often the patient will say, "I am growing weaker," and yet you may know that what he says is not true; so certainly can you rely upon the symptoms and their story, which is more faithful than the patient's opinion. The patient will say many times, "Dr., I am so much worse this morning," and yet you examine into his symptoms and you find he is really doing very well. Just the moment that he finds out you are encouraged, he feels better and rouses up and wants to eat. By the observation of the symptoms, also, you can tell when the patient is really weaker, and if the symptoms are taking an inward rather than an outward course you will know, even if he is encouraged, that there is no encouragement for him. We have in the symptoms that which we can rely upon. In the old school we have nothing but the information of the patient. This is of little account after making a homœopathic prescription. The symptoms themselves must be corroborated. The patient's opinion must be corroborated by the symptoms. The symptoms do corroborate what the patients say in many instances, but the symptoms are the physician's most satisfactory evidence. Another general remark that ought to be made is that we should know by the symptoms if the changes occurring are sufficiently interior. If the changes that are occurring are exterior, the physician must be acquainted with the meaning of them, so that he will know by that whether the disease is being healed from the innermost or whether the symptoms have merely changed according to their superficial nature. Incurable diseases will very often be palliated by mild medicines that act only superficially, act upon the sensorium, act upon the senses, and, though the hidden and deep-seated trouble goes on and progresses, and is sometimes made worse, yet the patient is made comfortable. So that by the symptoms we can know whether the changes that are occurring are of sufficient depth, so that the patient may recover. The direction that the symptoms are taking is sufficient to tell that, especially in chronic disease.

A patient walks into the clinic, somewhat stoop-shouldered, with a hacking cough that he has had for a good many years. You judge then by his looks that he has been sick a good while; his face is sickly, he is lean and anxious, he is careworn. he is suffering from poverty and poor clothing, and scanty food. Now, you examine all of his symptoms, and they clearly indicate that he needs an antipsoric, for the symptoms are covered by an antipsoric, and from the history of the case you know he has needed it a good while. Upon a prolonged examination, the antipsoric you have in mind is strengthened. You now examine his chest, and discover he has not the expansion that he ought to have, and you detect the presence of tuberculosis, and by feeble pulse and many other corroborating symptoms, you ascertain that the patient has been steadily declining. Now, you administer this medicine and he comes back in a few days with quite a sharp aggravation of the symptoms; he has an increase of cough, he has a night sweat, and he is more feeble. Now, the homœopathic physician likes to hear that; he likes to hear of an exacerbation of the symptoms; but this patient comes back in a week, and the aggravation is still present, and is somewhat on the increase, the patient is coughing worse, and the expectoration is more troublesome than ever, his night sweats have been going on; he comes back at the end of the second week and he is still worse, and all the symptoms have been worse since he took that medicine. He was comparatively comfortable before he took that medicine, but at the end of the fourth week he is steadily growing worse. There has been no amelioration following this aggravation, and he is evidently declining, he now cannot come to the office for he is so weak. This is the *first observation* then, a *prolonged aggravation and final decline of the patient*. What have we done? It has been a mistake, the antipsoric was too deep, it has established destruction. In this state the vital reaction was impossible, he was an incurable case. The question immediately comes up, what are you going to do, are you not going to give the homœopathic remedy in such cases? The patient steadily declines. If you are in doubt about such action of the remedies and making the patient worse, you will probably have an undertaker's certificate to sign before long. It is well in such incurable

and doubtful cases to give nothing higher than the 30th or 200th potency, and observe whether the aggravation is going to be too deep or too prolonged. There are many signs in the chest in such cases to make a physician doubt whether he will give a deep remedy when organic disease is present. Of course this does not apply when things are only threatening, when you have fear of their coming, but when you are sure of their being present. In the instance given the probability is that the remedy has been too late, and it has attempted to rouse his economy, but turned to destruction his whole organism. Then begin, in such cases, with a moderately low potency, and the 30th is low enough for anybody or anything.

When the patient does not seem to be quite so bad as the one I have just described, you get him a little earlier in his history before the trouble has gone quite so far, and then if you administer this same very high potency in the same way you will make a second observation. Though the aggravation is long and severe, yet you have a final reaction, or amelioration. The aggravation lasts for many weeks, perhaps, and then his feeble economy seems to react, and there is a slow but sure improvement. It shows that the disease has not progressed quite so far; the changes have not become quite so marked. At the end of three months he is prepared for another dose of medicine, and you see a repetition of the same thing, and you may know then that that man was on the border land and had he gone further cure would have been impossible. It is always well in doubtful cases to go to the lower potencies, and in this way go cautiously, prepared to antidote the medicine if it takes the wrong course. Then the *second observation* is, as I have mentioned, the *long aggravation, but final and slow improvement*. If, at the end of a few weeks' he is a little better and his symptoms are a little better than when he took the dose, there is some hope that finally the symptoms may have an outward manifestation whereby he will attain final recovery, but for many years you may go along with prolonged aggravations. You will find in such a patient there was the beginning of some very marked organic change in some organ. We may know by observing the action of a remedy what state the tissues are in, as well as know something about the prognosis for the patient.

The *third observation* after administering the homœopathic remedy is where the *aggravation is quick, short and strong with rapid improvement of the patient*. Whenever you find an aggravation comes quickly, is short, and has been more or less vigorous, then you will find improvement of the patient will be long. Improvement will be marked, the reaction of the economy is vigorous, and there is no tendency to any structural change in the vital organs. Any structural change that may be present will be found on the surface, in organs that are not vital; abscesses will form and often glands that can be done without will suppurate in regions that are not important to the life of the patient. Such organic changes are surface changes, and are not like the changes that take place in the liver, in the kidneys, in the heart and in the brain. Make a difference in your mind between organic changes that take place in the organs that are vital, that carry on the work of the economy, and organic changes that take place in structures of the body that are not essential to life. An aggravation quick, short and strong is one that is to be wished for and is followed by quick improvement. Such is the slight aggravation of the symptoms that occurs in the first hours after the remedy in an acute sickness, or during the first few days in a chronic case.

Under the *fourth observation*, you will notice a class of cases wherein you will find very satisfactory cures, where the administration of the remedy is followed by *no aggravation whatever*. There is no organic disease, and no tendency to organic disease. The chronic condition itself to which the remedy is suitable is not of great depth, belongs to the functions of nerves rather than to threatened changes in tissues. You must realize that there are changes in tissues so marked that the vital force is disturbed in flowing through the economy, and yet so slight that man with all of his instruments of precision cannot observe them. Under such circumstances we may have sharp sufferings, but cures may come about without any aggravation. We know then that if there is no aggravation the potency just exactly fitted the case, but here you have a course of things that you need not always expect. Though there is nothing but a true nervous change in the economy after a potency that is not suitable, either too crude,

or too high, for that patient, you will have an aggravated state of the symptoms. In cures without any aggravation we know that the potency is suitable, and the remedy, the curative remedy, provided that the symptoms go off and the patient returns to health in an orderly way. It is the highest order of cure in acute affections, yet the physician sometimes will be more satisfied if in the beginning of his prescribing he notices a slight aggravation of the symptoms. The *fourth observation* then relates to cases in which we have *no aggravation, with recovery of the patient.*

The amelioration comes first and the aggravation comes afterwards is the fifth observation. At times you will see sickly patients, fully as sickly as the one I mentioned in the first or second instance, walk into your office and after long study you administer a remedy. The patient comes back in a few days telling you how much better he was immediately after taking the medicine, and now he has three or four days of 'what appears to be a decided improvement, a prompt action of the remedy. The patient says he is better, and the symptoms seem to be better; but wait, and at the end of a week or four or five days all the symptoms are worse than when he first came to you. It is not a very uncommon thing in severe cases, in cases of a good many symptoms, to have an amelioration of the remedy come at once, and, whatever you have to say, the condition is unfavorable. Two things are to be said of this: either the remedy was only a superficial remedy, and could only act as a palliative, or the patient was incurable and the remedy was somewhat suitable. One of these two conclusions must be arrived at, and this can only be done by a re-examination of the patient and by finding out whether the symptoms relate to that remedy. Sometimes you will discover that the remedy was an error; a further study of the case shows that the remedy was only similar to the most grievous symptoms, that it did not cover the whole case, that it did not affect the constitutional state of the patient, and then you will see that the patient is an incurable one and the selection was an unfavorable one. It is the best thing for the patient if the symptoms come back exactly as they were, but very often they come back changed, and then you must wait through grievous suffering

for the picture; and the patient will wait better if the doctor confesses on the spot that his selection was not what it ought to be, and he hopes to do better next time. It is a strange thing how the patients will have an increase of confidence if the doctor will tell the truth. The acknowledgement of one's own ignorance begets confidence in an intelligent patient.

The higher and highest potencies will act in curable cases a long time. When I say act, I only speak from appearance; I should say they appear to act a long time, for the remedy acts at once and establishes a condition of order upon the patient, after which there is no use in giving medicine. This order will continue a considerable length of time, sometimes several months. The patient will get along just as well without any medicine, and will get along better without that medicine that helped him than with it. In curable cases, whose prospects are good, they will go along for a long time, and become very much relieved of their symptoms. Now, if the patient comes back at the end of the first, second and third week and says he has done well, that he has been improving all the time from the c.m. of *Sulphur*, but at the end of the fourth week he comes back and says, "I have been running down," the physician must then pass judgment. Has this patient done something to spoil the action of this medicine? Has he been on a drunk? Has he handled chemicals? Has he been in the fumes of Ammonia? No, he has done none of these things. This is an unfavorable condition. To have a medicine act but a few weeks, whereas it ought to act for months thereafter, will make you suspicious of that patient. If nothing has taken place to interfere with this medicine in his economy you may be suspicious of this case. This *sixth observation is too short relief of symptoms*. The relief after the constitutional remedy does not last long enough, does not last as long as it ought to. If you examine the third observation you find that there you have the quick aggravation followed by long amelioration; but in this, the sixth, you have the amelioration, but of too short duration. In instances where you have an aggravation immediately after, and then a quick rebound, you will never see, absolutely never see, too short an action of that remedy; or, in other words, too short an amelioration of the remedy. If there is a quick rebound,

that amelioration should last ; if it does not last, it is because of some condition that interferes with the action of the remedy; it may be unconscious on the part of the patient, or it may be intentional. A quick rebound means everything in the remedy, means that it is well chosen, that the vital economy is in a good state, and, if everything goes well, recovery will take place. In acute disease we sometimes notice this too short amelioration of the symptoms ; for instance, a dose of medicine given in a most violent inflammation of the brain, may remove all the symptoms for an hour, and the remedy have to be repeated, and at the end of that repetition we find only an amelioration of thirty minutes. You may make up your mind, then, that that patient is in a desperate condition, it is too short an amelioration. The action of *Belladonna* in some very acute red faced conditions is instantaneous. In five minutes I have noticed the amelioration come, but the best kind of an amelioration is that which comes gradually at the end of an hour or two hours, as it is likely to remain. If it is too short an amelioration in acute cases, it is because such high grade inflammatory action is present, that organs are threatened by the rapid processes going on. If it is too short amelioration in chronic diseases, it means that there are structural changes and organs are destroyed or being destroyed or in a very precarious condition. These changes cannot always be diagnosed in life, but they are present, and an acute observer, who has been working earnestly for years, will often be able to diagnose the meaning of symptoms without any physical examination whatever, so that he can prophesy as to the patient. Such experiences of an intelligent physician in a family will cause them to look upon him as wiser than anyone else, for he knows all about their constitutions. This he acquires by studying their symptoms, the action of remedies upon them, and their symptoms after the medicines have been given. This enables him to know the reaction of a given patient, whether slow or quick, and how remedies affect each member of that family. This belongs to the physician, and he should be intelligent enough to know something about them when he has been treating them a little while. The old physician is in possession of this knowledge, while the student and the new physician have it all to learn.

Once in a while you will see *a full time amelioration of the symptoms, yet no special relief of the patient*, which is the *seventh observation*. There are certain patients that can only gain about so much; there are latent conditions, or latent existing organic conditions, in such patients that prevent improvement beyond a certain stage. A patient with one kidney can only improve to a certain degree; patients with fibrinous structural change in certain places, tubercles that have become encysted and lungs capable of doing only limited work, will have symptoms, and these symptoms will be ameliorated from time to time with remedies, but the patient is only curable to a certain extent; he cannot go beyond and rise above such a state. Remember this after several medicines have been administered, and the amelioration of the case has existed often the full length of time of the remedies, but the patient has not risen above his own pitch in this length of time. The remedies act favorably, but the patient is not cured, and never can be cured. The patient is palliated in this instance, and it is a suitable palliation for homœopathic remedies.

Observation eight. Some patients prove every remedy they get; patients inclined to be hysterical, overwrought, oversensitive to all things. The patient is said to have an idiosyncrasy to everything, and these oversensitive patients are often incurable. You administer a dose of a high potency, and they will go on and prove that medicine, and while under the influence of that medicine they are not under the influence of anything else. It takes possession of them, and acts as a disease does; the remedy has its prodromal period, its period of progress and its period of decline. Such patients are provers, they will prove the highest potencies. When you find a patient that proves everything you give in the higher potencies go back to the 30th and 200th potencies. Such patients are most annoying. You will often cure their acute diseases by giving them the 30th and 200th, and you will relieve their chronic diseases by giving them the 30th, 200th and 500th potencies. Many of them are born with this sensitivity and they die with it; they are not capable of rising above this over-irritable and overwrought state. Such oversensitive patients are very useful to the homœopathic physician. After they get out of one proving they are quite ready to repeat it or go into another.

The *ninth observation is the action of the medicines upon provers*. Healthy provers are always benefited by provings, if they are properly conducted. It is well to observe carefully the constitutional states of an individual about to become a prover, and to write these down and subtract them from the proving. These symptoms will not very commonly appear during the proving; if they do, note the change in them.

The *tenth, observation relates to new symptoms appearing after the remedy*. If a great number of new symptoms appear after the administration of a remedy, the prescription will generally prove an unfavorable one. Now and then the coming of a new symptom will simply be an old symptom coming up that the patient has not observed, and thinks it is a new one. The greater the array of new symptoms coming out after the administration of a remedy, the more doubt there is thrown upon the prescription. The probability is, after these new symptoms have passed away, the patient will settle down to the original state and no improvement take place. It did not sustain a true homœopathic relation.

The *eleventh observation is when old symptoms are observed to re-appear*. In proportion as old symptoms that have long been away return just in that proportion the disease is curable. They have only disappeared because newer ones have come up. It is quite a common thing for old symptoms to appear after the aggravation has come, and hence we see the symptoms disappearing in the reverse order of their coming. These symptoms that are present subside, and old symptoms keep coming up. The physician must know himself that the patient is on the road to recovery, and it is well to say to the patient in some form of speech that this is encouraging; that diseases get well from above downwards, etc. Old symptoms often come back and go off without any change of medicine. It indicates that the medicine must be let alone. If the old symptoms come back to stay then a repetition of the dose is often necessary.

The *twelfth observation*. We will notice sometimes that *symptoms take the wrong direction*. For instance, if you prescribe for a rheumatism of the knees or feet, or for a rheumatism of the hands, and relief takes place at once in the rheumatism of the

extremities, but the patient is taken down with violent internal distress that settles in the region of the heart, or centres in the spine, you see at once a transference has taken place from circumference to centre, and the remedy must be antidoted at once, otherwise structural change will take place in that new site. When diseases go from centre to circumference, going out from the centres of life, out from the heart, lungs, brain and spine, out from the interiors, upon the extremities, it is well. So it is that we find most gouty patients get along best when their fingers and toes are in the worst condition. To prescribe for this, and see the heart symptoms grow worse is a most uncomfortable state of affairs, for it is attended with a gradual downward tendency. Eruptions upon the skin and affections in the extremities are good signs. I remember one time I was discharged from a violent old woman, with quite a considerable amount of Billingsgate, who told me that when she called me in she could walk about, and now her ankles were swelled up with rheumatism so that she could not move. That patient got another doctor, but soon died. There is great danger in selecting a remedy on external symptoms alone, *i. e.*, selecting a remedy that corresponds only to the skin and ignoring all the symptoms that the patient may have; ignoring the whole economy and the general state of the patient, because it is true that that remedy that is related to the skin alone may drive in that skin disease and cause it to disappear while the patient himself is not cured. Such a patient will remain sick until that eruption comes back again, or locates in another place.

It is not an easy matter to choose a remedy according to symptoms. This may be inferred from the manner in which tyros in Homœopathy and physicians of the old school who come over to us go to work. They constantly rely upon names, giving a certain remedy in scarlet fever, because some one else had found it useful; or a certain remedy in pulmonary inflammation because it has been successfully exhibited upon a former occasion; whereas Hahnemann teaches that, because a remedy has helped before, this is no reason why it should help again in a similar disease. The symptoms and not the name are to point out the remedy.—*Hering*.

ON THE SCIENTIFIC STUDY OF THE PATHOGENESES.

By G. H. G. JAHR.

Translated by EDWARD RUSHMORE, M. D., Plainfield, N. J.

When we read for the first time the *Organon* of Hahnemann and his *Materia Medica Pura*, we are astonished to find nowhere the least advice as to the best method of studying the pathogeneses or of putting them to profitable use. It is true that there is apparently a lack in the teaching; but, however little one may trouble to examine the indicatory notes accompanying many of his pathogeneses, he will soon be convinced that Hahnemann had in reality a method which he followed to determine the essential character of each remedy. This method was simply the analytical. Having arranged an alphabetical catalogue of all the symptoms of each remedy he had studied Hahnemann had by this simple fact gathered under a glance of the eye all similar symptoms dispersed here and there in the pathogeneses, and which the concise form demanded by the simple statement forbade to repeat at each place where it could or ought to be stated, if one had wished to meet all the demands of a profound investigation. By the aid of this assemblage of all analogous symptoms it was very easy for the author of the *Materia Medica* to distinguish the differences between the similar symptoms, to recognize the sensations, the organic lesions and other predominant peculiarities of each substance, as well as the parts of the organism preferably affected. It is not long since I had occasion to state what I have here said at an accidental meeting of a few homœopaths, in insisting on the necessity of studying first of all every pathogenesis analytically; but the proposition was little relished, and it was even objected, without letting me finish my explanation, that I had no *method*. It is possible and even more than probable that the method, which is that of Hahnemann and of his most celebrated early disciples may not be that of everybody; but if a process which leads in a sure and progressive manner to a proposed end

deserves the name of *method* I believe no one can, without injustice, refuse this title to the process I am about to indicate, however different and even better may be the methods which others shall have to propose. I know very well that all is not done in the analytical study of a pathogenesis, and after what I have already said of the insufficiency of an exclusively physiological, pathological or therapeutic study of a remedy one could be sure that I should certainly be the last to propose a study which should be but partial. Accordingly no study of a remedy should be considered complete which should fail to present the pathogenesis on all sides and under every possible aspect, and in which physiology, pathology, therapeutics and differential diagnosis have not had their right to be studied, as well as the analysis of symptoms. But always the analytical study of the symptoms should be first of all, because it forms the basis, and that without which no other is possible. Necessarily then, and by virtue of the fundamental rules of all methods, this study should be the first. It shall then be first explained and even with some developments, convinced as we are that if well done it cannot fail to prepare the way for the subsequent studies in such manner that the consequences physiological, pathological, therapeutic and diagnostic, will flow of themselves, so to speak, without need of a new and long effort. It is true that this first work of analysis may be a little long and painful; but provided one is not discouraged by the first difficulties and has only the constancy to study thus a few remedies to the bottom, if it were only two or three, he will already have acquired by these single studies the ability to judge almost at the first attentive reading the predominant character of the other remedies, and in the space of two or three months every intelligent and assiduous beginner could accomplish this if he would take the needed pains. But, even if these first studies should demand a much longer time, if even it required three years or more to learn to use the *Materia Medica* with intelligence and success, by what right should they complain who have always in their mouths the words of science and of learning. If they would have prepared for them manuals which they need only open to find, without any preliminary study, the remedy for every case, is it not to put themselves in the ranks of the first

routinists who, without sufficient knowledge, treat the sick according to the first prescription that falls in their hands? As for us, we believe it is no disparagement of the *Materia Medica* of Hahnemann when it is reproached with being impracticable without a preliminary study of its contents, for that is a reproach one could make to every science and which falls back constantly with all its weight only on those who make it. Neither do we write for those who, hurried by life or by a numerous clientage, wish to practice Homœopathy at once without having studied or desiring to study the materials they have to employ. For such we know no method that can enable them to attain their end. The method which we offer, the counsels we give, are addressed only to those who desire to attain in the end to a thorough knowledge of the means they have to employ for practicing as surely and successfully as possible.

If we say it is absolutely necessary to begin the study of the pathogeneses by simple analysis of the symptoms, it is because it is completely impossible to judge well of the physiological or pathological character of a remedy without first knowing what are the essential phenomena belonging to it. For every pathogenetic agent presents a totality of phenomena which are peculiar to it and which no other agent presents in the same manner, it may be in the various organs preferably affected, it may be in the symptoms produced there or it may be in the various circumstances which increase or lessen these symptoms. All that requires to be studied at first, in order to determine what, in the totality of the symptoms, belongs essentially to the character of the remedy and what is accidental, and for that it is indispensable not only to gather under all possible points of view all that pertains to each of them, but also to do it in such manner that, the work done, no possible aspect of the question shall have been overlooked. Now, each well-determined symptom, presenting always at least three aspects in which it may be examined, viz.: 1st. The organ affected; 2d, the lesion or the phenomena there manifested, and 3d, the circumstances under which these phenomena are worse, better, appear or disappear. We have at once three distinct points around which we may and ought to group successively all the symptoms of the pathogeneses and which will constitute three

essentially different parts of the analytical study. The order in which one may engage in each of these three parts matters very little, provided only that each is treated thoroughly and separately from the other and that in each it is pursued in the minutest details. Thus, in taking for example the grouping of the symptoms about the various organs to which they belong, it is not sufficient to follow the chief divisions of our manual (head, eyes, ears, nose, face, etc.), but on the contrary it is necessary to make of each organ as many subdivisions as there are parts of the organ designated in the symptoms; as, for instance, for the *head*: Fore-head—right,—left; temple—right,—left; side—right,—left, etc.; for the eyelids—upper,—lower, eye right—left; cornea, etc., and those in course for the whole body for every part distinctly designated in the symptom which one is grouping in the series of organs. To each of these parts one will gather not only the symptoms which are already noted there in the tables of the *Materia Medica*, but also those which, although belonging there, are found scattered here and there in the various groups of symptoms in which they appear in designating at the side of each the principal phenomena they have accompanied. All these symptoms ought further to be collected *in extenso*; *i e.*, such as they are in the *Materia Medica*, with all the circumstances as well as the dilution which produced them, the day of their appearance, and the name of the observer, etc., because without that one would be liable to reach false conclusions in regard to their relative value; only for the symptoms taken from a group far too long to be carried wholly to each organ that plays a part in it, one would be contented to designate simply the principal phenomenon of which this symptom made part, in adding the current number of this phenomenon, as for example in the article: Lips:—*trembling* and *blue*, in a *fever*, 341;—in an attack of *epilepsy*, 592;—during *colic*, and thus in course. Having thus grouped each symptom around the designated part of the body, one can then make very instructive comparisons; we shall see not only which are the chief organs, but also what are the special parts of these which the remedy appears to attack in preference; and if one has had the patience to gather *in extenso* the symptoms which belong to each part he can see also which

are the sensorial, functional or substantial lesions of each part of the body, as well as the various circumstances in which each part seems most disposed to suffer. However, in taking thus the organs for basis of classification, one will have considered the question under only one of the three principal aspects in which it is presented to our view ; therefore, it is necessary to do now for the various lesions and phenomena the same work that has been done for the organs. To this end we shall take one by one all the pains and sensations, as well as all the lesions of function and all the external anatomical lesions, around each of which we shall group equally *in extenso* all the symptoms in which this lesion of sensation, of function, or of substance may occur, and we shall arrange in each category the symptoms in subordination according to the organs in which they appear. By this method we shall learn what are in general the lesions most characteristic of the remedy in question, as also in what organs these predominant lesions mostly appear. This work being equally accomplished, it remains only to do the same thing for the causes, circumstances and times of day which excite, increase, lessen, or remove the symptoms, and to take equally all one by one in grouping still *in extenso* all the symptoms where this cause or that circumstance is mentioned and arranging in each category the symptoms belonging to it, subordinately, according to the sensorial, functional or anatomical lesions which the circumstance especially excites. The accomplishment of this last work then will give a complete analysis of the remedy in every aspect and a complete knowledge of its pathogenesis ; we shall know which are the organs and parts of the body which the remedy mostly attacks as well as the predominant lesions there produced, and the circumstances under which they most often appear ; we shall know equally the lesions of sensation, of function and of substance which are in general the most predominant, and we shall be able to say where and in what conditions they appear the most often ; finally we shall be able to estimate the value of each circumstance mentioned in relation to the general character of the medicine regarded from this point of view. The ulterior appreciation of the physiological and pathological character of the remedy will then be only child's play, and he who has thus made an analytical study of any medicine whatever will be able, not only to employ it with success, but also in whatever public discourse to declare the results with security and confidence.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

SCRAPS FROM THE RECORD CASE.

HARVEY FARRINGTON, M. D., H. M., Philadelphia.

- I. A lady, aged 40, very stout, in eighth month of pregnancy; has had three children.

Cough, violent, racking, spasmodic; from tickling in throat pit.

< at night, on lying down, must sit up to cough,
< from cold air.

Tearing pains in chest, stabbing in left ovarian region, spurting of urine and dyspnoea during cough.

Exhaustion, sweat profuse, especially on forehead after the paroxysm.

Cough during every pregnancy.

Expectoration scanty white mucus; dark thick blood by the mouthfuls at night.

Urine acrid, causing rawness wherever it touches.

Kreos. 45m. cured in four days.

- II. Lady, aged 28, was suddenly taken with chills at 11 P. M.; aching all over; slight thirst. Aching and chills run down back and to finger tips and toes, with a sensation as if the flesh were being stripped from the bones. *Gelsemium* 1m. was given and she was feeling as well as ever next morning.

- III. Stomatitis. Mr. P. complained of acrid burning of the tongue, worse at the root and edges. No other symptoms. *Arum tri.* 20m. was followed in six hours by needle like pains all through the tongue and then complete cessation of all symptoms.

IV. Stomatitis. Mrs. W., 35 years of age; burning of mouth and tongue, especially tip of tongue, as if from pepper. *Meze-reum* 20m. cured.

V. Measles. Girl, aged 11. Rash only partially developed; fever moderate; comatose; can be aroused, answers questions correctly but immediately lapses into unconsciousness; dry, hacking cough. *Hyoscyamus* brought out the rash, reduced fever and in six days the child was ready to get up.

VI. Measles. Boy, aged 9. Cough < lying down, accompanied with tearing along trachea and much belching. Belching always relieves the cough. *Sanguinaria* cm. cured.

VII. Measles. Girl, aged 3. No eruption. Drowsy, almost comatose; has passed no urine for twelve hours; temperature 102.5° F.; restless, extremely irritable, asks for things and pushes them away when offered; greedy for cold water; violent cough with retching and at times vomiting. Constantly picking at nose, eyelashes, inner canthi and the lips. *Arum tri.* 20m. cured.

EDITORIAL.

Special attention is called to the announcement of the second annual meeting of the American Hahnemannian Association elsewhere in this issue. At present, the association consists of thirty-seven members, but every indication points to future growth and development, not only in numbers, but in its ability to serve the cause of Homœopathy. It has declared unequivocally for the single remedy, the minimum dose and condemns as unhomœopathic every measure tending to the suppression of disease. It has thus constituted itself a champion of the principles promulgated by Samuel Hahnemann in his *Organon* and *Chronic Diseases*. It is true that one or two other organizations profess a similar creed, and it would be uncharitable to say that they do not endeavor to live up to what they profess. But in their interpretation and application of what Hahnemann taught lies the essential difference. The A. H. A. represents the same general movement towards the revival of old-time Homœopathy that

gave birth to the Post-Graduate School of Homœopathics, and the Journal of Homœopathics, and for which the Dunham College has been striving with its utmost energy. The correspondence resulting from the suggestion for the formation of a new association, first made public in the Journal for October, 1898, culminated in the meeting of May 30th, a year ago. It will be seen that the A. H. A. did not spring into existence in a day, nor in a year, but received due consideration at the hands of those who finally met to organize, and who, up to that time, had found no adequate bond of union, other than their zeal for the cause for which they labored. Their action did not necessarily imply any overt criticism of organizations already existing, nor did it arise from personal antagonism or enmity, as we have heard suggested from more than one quarter. The fact is, that there exists abundant evidence, could it be published, that these men, from their own standpoint, have no cause for personal grievance. Whatever issue they have taken, was upon principle alone.

The importance of the medical society as a factor in developing the Doctrines of Homœopathy, and in fostering loyalty to them, is not generally appreciated. It should be well considered. In college the student receives the fundamentals of his education, and if his teachers have been faithful to their trust he emerges thoroughly imbued with loyalty to the principles of his chosen profession. But when once out from under the shadow of his alma mater, there is no telling what influences may beset him. If he is strong enough to withstand them well and good. But even after the best of training he may succumb. Here the society steps in and takes up the work where the college left off. By mutual discussion and interchange of experience, the mind is broadened and acquires a keener insight into the workings of remedy and disease. The successes of one fill in the gaps left by the failures of another—thus is faith strengthened. The physician's duty is to suffering humanity. To the better performance of it he should avail himself of every means at his command.

That Perfection Liquid Food is pure, Dr. Guernsey vouches. That it is effectual, many of our best men have sent voluntary testimonials.

MEISSEN.

For the picture of Hahnemann's birthplace which accompanies this issue we are indebted to our esteemed friend, Dr. Stuart Close. The following excerpt from Dr. Close's letter fully explains the engraving.

209 Hancock Street, Brooklyn, N. Y., May 6, 1900.

DEAR DOCTOR:

* * * *

I have been rather more than busy in getting my library and household goods arranged since the day of my removal, and only to-night could I lay my hands on a copy of the picture you desire for reproduction in the pages of the highly esteemed JOURNAL OF HOMŒOPATHICS. I take pleasure in enclosing you a photographic reprint of the original engraving which is in my possession. This print is exceedingly rare. In fifteen years of frequent hunting for such prints I have only found the one copy, and I think it probable that my copy is the only one in the United States.

It is highly interesting, for it portrays the old town of Meissen as it appeared during Hahnemann's lifetime. In the left of the picture, on the heights, appears the "Fürstenschule," in which Hahnemann received a part of his early education. In the distance on the left bank of the River Elbe is shown a portion of the ancient Castle, in a part of which was established the famous pottery to which Hahnemann's father came as an artist, to pursue his calling of a porcelain painter. The spire of the village church where young Hahnemann worshiped, and the picturesque river Elbe, beside whose banks he played as a boy, are shown.

I shall be glad to have you reproduce the picture in the JOURNAL OF HOMŒOPATHICS for the edification of the faithful.

Sincerely and fraternally,

STUART CLOSE.

AMERICAN HAHNEMANNIAN ASSOCIATION.

The Second Annual Meeting will be held June 28th and 29th at the "Catskill Mountain House," Catskill, N. Y. This is practically the first meeting of the association, that of May 30th last year being chiefly for the purpose of organization; every mem-

ber, therefore, should consider it his duty to attend, and to contribute something, even if only a few clinical cases, towards making it a success. Already several very able papers have been listed and many more are expected.

Than the Catskills, a lovelier spot could not have been chosen. The "Mountain House" is famous for its hospitality and the excellence of its accommodations. Members of the association will be accorded the reduced rate of \$2.50 per day. As the morning session begins at 10 o'clock, those who come from a distance may find it to their advantage to time their arrival for the evening of the 26th ult.

The following are charter members of the association:

Dr. John V. Allen, Philadelphia.	Dr. J. T. Kent, Chicago, Ill.
Dr. Jos. A. Biegler, Rochester, N. Y.	Dr. S. A. Kimball, Boston, Mass.
Dr. H. Becker, Toronto, Canada.	Dr. W. F. Kaercher, Philadelphia.
Dr. Alice B. Campbell, Brooklyn, N. Y.	Dr. F. S. Keith, Newton Highlands, Mass.
Dr. Stuart Close, Brooklyn, N. Y.	Dr. Margaret C. Lewis, Philadelphia.
Dr. Edmund Carleton, New York.	Dr. Julia C. Loos, Harrisburg, Pa.
Dr. Hugh A. Cameron, Philadelphia.	Dr. A. McNeil, San Francisco, Cal.
Dr. Geo. M. Cooper, Philadelphia.	Dr. W. L. Morgan, Baltimore, Md.
Dr. Helen B. Carpenter, Boston, Mass.	Dr. Mabelle M. Park, Waukesha, Wis.
Dr. R. A. Davis, Somerville, Mass.	Dr. F. W. Patch, S. Framingham, Mass.
Dr. F. S. Davis, Quincy, Mass.	Dr. F. W. Payne, Boston, Mass.
Dr. John Dike, Melrose, Mass.	Dr. W. A. D. Pierce, Philadelphia.
Dr. Olin M. Drake, Boston, Mass.	Dr. R. F. Rabe, Hoboken, N. J.
Dr. Geo. Ehrmann, Cincinnati, O.	Dr. Edw. Rushmore, Plainfield, N. J.
Dr. Harvey Farrington, Philadelphia.	Dr. Mary F. Taft, Newtonville, Mass.
Dr. Frederica E. Gladwin, Philadelphia.	Dr. G. H. Thacher, Philadelphia.
Dr. C. C. Howard, New York.	Dr. R. L. Thurston, Boston, Mass.
Dr. Henry L. Houghton, Winchester, Mass.	For further particulars address
Dr. S. J. Henderson, Bad Axe, Mich.	HARVEY FARRINGTON, M. D.,
Dr. S. Mary Ives, Philadelphia.	Secretary,
Dr. R. E. Jameson, Jamaica Plain, Mass.	1628 Mt. Vernon St., Philadelphia.

PERSONALS.

Dr. R. F. Rabe has removed from New York to 26 Columbia Terrace, Station 1, Hoboken, N. J.

Dr. Hannah B. Mulford's new address is 149 Dharamtala street, Calcutta, India.

Dr. C. C. Walkubaugh has removed to 1109 W. South street, Canton, O.

Dr. E. LeRoy Biggs has removed to Hot Springs, Ark.

TO SUBSCRIBERS.

We would call attention to the fact that the fourth volume is now under way, and remind subscribers of the necessity for prompt remittances.

BOOKS FOR REVIEW.

SKIN DISEASES, their description, etiology, diagnosis and treatment according to the law of similars. By M. E. DOUGLASS, M. D., Baltimore, Md. Lectures on Dermatology in the Southern Homœopathic Medical College of Baltimore, Md. 463 pages. Colored Illustrations. Philadelphia: Boericke & Tafel, 1011 Arch street. Price, \$3.50. By mail, \$3.65.

The enterprise of our premier publishers leads them to give us many valuable works, and, as it is essential that the homœopath should have a work on skin diseases and their treatment according to the law of similars, they have presented this work for the use of the followers of Hahnemann. Professor Douglass has written a concise description of each skin affection, including the exanthemata, so that as a work of reference we have all that is desirable for the practitioner. In the treatment, however, the homœopath is, of course, most interested and the indications for remedies are given as fully as the occasion warrants. The local

symptoms of each remedy are described as we would expect, and where related the constitutional symptoms are also briefly given. Here we must repeat the well-known precept that the *patient* in such conditions must receive the first consideration, as it is the differences between the constitutions more than the distinction between local symptoms that decide the choice of the remedy.

We think it is a great pity that the author recommends external applications for such conditions as erysipelas and eczema. The fear of "driving in the disease," the author thinks, in the majority of cases is unfounded. But seeing this is a work which on its title page promises to give the treatment of skin diseases according to the law similars, we are justified in asking wherein the similarity is established between any given disease and the prescriptions compounded by the apothecary. We can at any time get the allopathic treatment of skin affections. So long as Hahnemann's ninety-seven cases stand on record in the *Chronic Diseases* sharing the danger of suppressing the external manifestations of disease, we shall be forced to the conclusion that treatment which tends in that direction is detrimental to the patient. Hahnemann says in this connection: "After reading the above cases no reasonable and inquiring physician will dare to assert that the itch, tinea, herpes, etc., are mere cutaneous diseases which may unhesitatingly be removed from the skin by external applications, because the organism is not affected by them. This kind of treatment is the most pernicious, the most infamous and the most unpardonable malpractice of which allopathic physicians have made themselves guilty."

INDIGESTION, ITS CAUSES AND CURE. By JOHN H. CLARKE, M. D., Fellow of the British Homœopathic Society, etc. 147 pp. Price, \$.75; by mail, \$.80 Philadelphia: Boericke & Tafel, 1011 Arch street.

Was it Wolseley who said that the British army moved upon its belly? No matter; it is certain, however, that in the larger army of patients the key to the situation is very often the stomach. Indigestion, its causes and cure, are the subjects well treated of by Dr. Clarke in this handy little book. The physiology of digestion and the many causes of disorder in the stomach and intestines are reviewed and each specific variety is treated of, and illustrative cases are given, showing cures by the indicated remedy. The popularity of the work is shown in the fact that this is an American edition from the fifth English edition. It is just such a work as would be of use in spreading the knowledge of Homœopathy among the laity.

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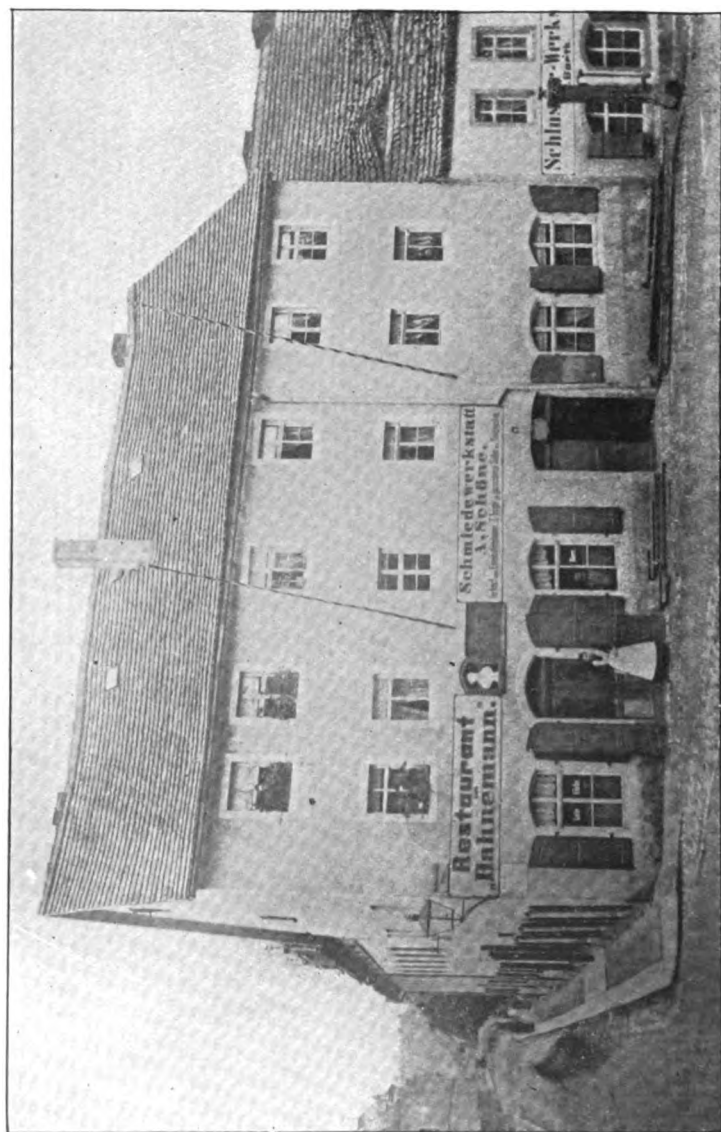
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DEPARTMENT OF MATERIA MEDICA.

HYPERICUM.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.*

One who makes a study of the proving of *Hypericum* will be reminded to a great extent of a certain class of injuries, injuries involving sentient nerves, and it is not surprising that this remedy has come into use, especially for the results of such injuries. The surgery of Homœopathy largely involves the use of *Arnica*, *Rhus tox.*, *Ledum*, *Staphisagria*, *Calcarea* and *Hypericum*. These remedies are used in almost a routine way when a physician runs into semi-surgical conditions, or the results of injuries. For the bruised, black-and-blue, sore and pounded appearance and sensation, *Arnica* comes into use; it corresponds especially to the acute stage until the soreness and bruised condition has disappeared from the parts injured or from the whole body; but for the strains of muscles and tendons *Arnica* proves insufficient and a thorough study of *Rhus* will make one feel that a dose of that remedy is suitable for the resultant weakness of tendons and muscles, and the bruised, rheumatic feelings that come on in every storm and often wear off on continued motion. For the final weakness that persists even after *Rhus* we have *Calcarea carb.* In these three remedies we have a series, but to distinguish these from *Hypericum* is the important thing this morning. *Hypericum* is only a minor

* Stenographically reported by Dr. S. Mary Ives.

remedy for bruises and strained tendons and muscles; it goes into a different class of complaints altogether. *Hypericum* and *Ledum* run close together, and they have to be compared. *Ledum* has much of the sore, bruised feeling of *Arnica* and will often take its place; but *Hypericum* and *Ledum* come up together for consideration when an injury to a nerve has taken on some sort of inflammatory action. Instead of the muscles and bones and blood vessels, as in *Arnica*, *Rhus* and *Calcarea*, the nerves are the sphere for these two remedies. When the finger ends or toes have been bruised or lacerated, or a nail has been torn off, or when a nerve has become pinched between a hammer and the bone in a blow, and that nerve becomes inflamed and you can trace the pain up along the nerve, and it is gradually extending toward the body from the injured part with stitching, darting pains, coming and going, or shooting up from the region of the injury toward the body, look out, a dangerous condition is coming on. In this condition *Hypericum* is above all remedies the medicine to be thought of and hardly any other medicine is likely to come in. And what is it that this remedy prevents? It prevents tetanus. Every old practitioner knows that lockjaw will soon develop after an injury to those sentient nerves. The old school doctor is frightened by these shooting pains up the arms after an injury. A shoemaker may stick his awl into the end of his thumb or a carpenter may stick his finger with a brass tack and he does not think much of it, but the next night shooting pains commence extending up the arm with great violence. The allopathic physician looks upon that as a serious matter, for he sees lockjaw or tetanus ahead. When these pains come on *Hypericum* will stop them, and from this stage to advanced states of tetanus with opisthotonos and lockjaw *Hypericum* is the remedy. It is full of just such symptoms as are found in tetanus and such symptoms as lead to tetanus and it is full of all the manifestations of an ascending neuritis. But *Ledum* also comes in very often as a preventive medicine. It is a wonderful preventive if you happen around when this little accident happens to the end of the fingers, if somebody steps on a nail or tack, or sticks a splinter under the finger-nail or into the foot. If your horse picks up a nail, pull it out and give him a dose of *Ledum*; there will never be any

trouble, he will not go into lockjaw. These punctured wounds, rat bites, cat bites, etc., are all *Ledum*; i. e., *Ledum* prevents the shooting pains that naturally come and the nerves will never be involved. We will have no trouble at all, if we can give *Ledum* right on the spot. Again, if the pain is a dull, aching in the part that was injured, in the wound, *Ledum* is still the remedy; if it shoots from the wound up the nerve of the arm it is more like Hypericum. A sensitive, nervous woman steps on a tack during the day, and she feels all that day where the tack went in. She lies down in bed and it aches so violently she cannot keep it still. *Ledum* will prevent any further trouble, but if that goes on until the morning the pains will be shooting up the leg. These remedies have been found to be generally indicated. There are exceptions, of course, and out of the way symptoms will sometimes lead you to *Bell.* and *Hyos.* I have seen these remedies useful after wounds. I mentioned the use of *Ledum* when a horse picks up a nail. Now, if a nail goes through the thin part of the hoof and strikes the coffin bone that horse is almost sure to die with tetanus; the vets. know nothing for it; though they poultice it and put on liniments, etc., that horse will die with tetanus, but if a dose of *Ledum* is given before the tetanus comes on *Ledum* will save it from tetanus; after the jerking comes on, *Ledum* won't do, but Hypericum will. Hypericum belongs to lacerated wounds and when there is laceration of parts that are full of small nerves, sentient nerves, give Hypericum at once. Do not fool with *Arnica* because there is soreness, for the soreness is of much less importance than the danger from nerves in lacerated wounds. In punctured wounds, give *Ledum* at once. Whatever sequences come on, of course they have to be met in accordance with the state and symptoms of the case.

Injuries of the spine give us another class of troubles requiring Hypericum. I remember a case such as has been met with quite a good many times and such as we read of and hear about, one, however, that was not saved. A sudden lurch of the car caused a man who was standing on the rear end of the car to be hurled back on his coccyx. He did not think much of it, went home, had pains in the head and various parts of the body. Several

physicians were called; nobody could find out what was the matter with him, and at the end of ten days he died. They turned him over and found his coccyx was black and abscesses were threatening in the muscular region. If it had been known Hypericum would have saved his life. Many times have I seen Hypericum cure like magic. Injuries of the coccyx are among the most serious and troublesome injuries that the physician comes in contact with; injuries just like that, falling backward and striking a stone, or something else that bruises the coccyx. Very little is found immediately in the coccyx; close examination reveals nothing more than soreness upon pressure, but many times we do have the description of pains shooting up the spine, and down the extremities, shooting pains over the body and often convulsive movements. When such things are present, any physician ought to be sharp enough to find out an injury, but even very astute physicians are blinded over injuries of the coccyx. Many a woman sustains an injury of the coccyx during labor, and, however slight, soreness remains for years afterwards, and she is always in trouble, always hysterical and nervous, from this injury of the coccyx. Such injuries, if taken early, can all be cured by Hypericum. It is in the remedy. Slight inflammation or irritation of the lower part of the cord; feels lacerated, and sore, and aches dreadfully and never gives over until the results of injury right in the spot have been removed. These injuries has been cured in after years by *Carbo animalis*, *Silica*, and other remedies, but you will find the coccyx is a very troublesome place to have injured.

It is related also to injuries of the spine higher up. It is not an uncommon thing for a man, while going down stairs, to fall backward, the feet slip out from under him and he strikes his back upon one of the steps and undergoes a sharp injury. Some will at once give *Rhus tox.*; I have known others give *Arnica*. Hypericum is to be given at once to prevent the kind of inflammation that may come from such an injury. Then there will be other tendencies, such as drawings and rheumatic symptoms that will come on, calling for *Rhus* and finally *Calcarea*. Old weaknesses of the back, with painfulness on rising from a seat, are often cured by *Rhus* followed by *Calcarea*, but Hypericum

must first of all take care of the condition of the fibres of the cord and meninges. Meningeal troubles are common from injuries of that class with drawings of the muscles of the back, a feeling of contraction or tightening. Stitching, shooting pains in the back in various directions; they shoot down the limbs. Injuries of the back are not so likely to end in tetanus as the injuries of the sensory nerves; but they are sometimes even more troublesome, because they linger so long.

Hypericum has a wonderful curative power in infiltrations from prolonged pressure. You go to the bedside of a woman who has worn a pessary for years, and upon close examination you will find an infiltration in the wall of the vagina. You note a lump, hard and sore, right where the old Hodge pessary came in contact with the wall. All at once it begins to burn and sting and somebody says, "going to have cancer;" so some specialist tells her. Hypericum will remove that. Infiltrations in any mucous membrane and sub-mucous tissue from pressure, with induration, soreness and stinging. Many urethral troubles come up in these old women from wearing pessaries.

Persons who have been injured in the spine or about the coccyx linger along for years with symptoms that would lead to almost every other remedy. We find in the provings such things as occur after these injuries, and of course this remedy will cure anything that its proving justifies. Its action is upon the nerve sheaths and meninges, with stitching, tearing rending pains along the nerves, wherever there are injuries.

I mentioned *Staphisagria*. *Staph.* is a wonderfully useful remedy for lacerated nerves. Where the sphincter-stretchers have been, you very often need *Staphisagria*. *Staph.* is the natural antidote to stretching. When the urethra of a woman has been stretched, when it has been necessary to stretch it, for instance for stone in the bladder, *Staph.* is useful. A number of times have I been called to the bedside in such cases and I never saw more dreadful distress in my life; they are generally given Morphine, but there are patients who cannot take Morphine. I remember a case of stretching of the urethra; after the operation the patient was in great distress, screaming and crying, bathed in a cold sweat, head hot and body in a cold sweat. *Staph.* 45m was

given to her and in about twenty minutes she went to sleep. She had been six hours in that suffering before I got to her bedside, without any relief whatever. Where coldness, congestion of the head, and rending, tearing pains occur from stretching sphincters, or from tearing parts, for the purpose of operation, death is likely to occur, and Staphisagria is closely related to the tearing, lacerating and stretching of fibres which causes such suffering.

As a result of injuries such as described, very often instead of tetanus violent headaches occur with cold body, and shooting pains like daggers up the nerves. Burning and throbbing on the vertex ; violent headache with coldness of the body. Pain as if the bone would be torn to pieces, bursting. Headaches extending into the zygoma and cheeks. Pressive pain in the occiput on motion. Headaches after a fall upon the occiput. Hypericum is often a suitable remedy for children who have fallen upon the back of the head while skating on the ice. Fractures and injuries of the base of the skull, when the meninges are affected, as shown by the jerking of muscles and spasms.

There are many interesting symptoms to be studied in the text, but they are such as commingle with injuries ; so far as we have hitherto used the remedy, it has been to a great extent for the results of injuries.

In injuries of the back, he lies on the back, jerking the head backward ; violent pains and inability to walk or step, after a fall on the coccyx. "Coccyx very sensitive to touch." Compound injuries or complex injuries, involving the joints, or with lacerations of nerves. Whenever you have reason to presume that nerves are involved attended with great pain, and threatening tetanus, think of this remedy. Injuries from blows upon the head. Effects of nervous shocks.

Dr. Guernsey is to be congratulated in giving to the Hahne-mannians in Perfection Liquid Food a "tonic" which is not medicinal, but strictly nutritive.

PULSATILLA.

I have no doubt but that you all know a great deal about Pulsatilla. You have heard before that it is a very good medicine *for women*, for blondes, especially for *tearful blondes*. It is one of the polycrests and one of the medicines most frequently used, as well as often abused.

The Pulsatilla *patient* is an interesting one, found in any household where there are plenty of young girls. She is tearful, plethoric, and generally has little credit of being sick from her appearances; yet she is most nervous, fidgety, changeable, easily led and easily persuaded. While she is *mild, gentle* and *tearful*, yet she is remarkably irritable, not in the sense of pugnacity, but easily irritated, extremely touchy, always feels slighted or fears she will be slighted; sensitive to every social influence. Melancholia, sadness, weeping, despair, religious despair, fanatical; full of notions and whims; imaginative; extremely excitable. She imagines the company of the opposite sex a dangerous thing to cultivate, and that it is dangerous to do certain things well established in society as good for the human race. These imaginations belong to eating as well as thinking. They imagine that milk is not good to drink, so they will not take it. They imagine that certain articles of diet are not good for the human race. Aversion to marriage is a strong symptom. A man takes it into his head that it is an evil thing to have sexual intercourse with his wife and abstains from it. Religious freaks; an especial tendency to dwell on religious notions, and have fixed ideas concerning the Scripture; he misuses and misapplies the Scriptures to his own detriment; dwells on sanctification until he becomes fanatical and insane; thinks he is in a wonderfully sanctimonious state of mind, or that he has sinned away his day of grace. This goes on until he becomes insane on other subjects, and then the tendency is to sit in a chair day after day in a taciturn way. He will not answer questions unless hard pressed, when all he will say is "Yes" or "No," or he will

merely shake his head. Puerperal insanity in a woman who was at first mild, gentle and tearful, later sad and taciturn, and then she sits in her chair all day answering nothing or merely nodding her head for "Yes" or "No."

Many of the complaints are associated with weakness of the stomach and indigestion, or with menstrual disorders. Women who abort; various irregularities of the menstrual flow; false conception. The mental symptoms are often associated with the ovarian and uterine difficulties.

With such a mental state the general state of the body, which the patient describes by the pronoun "*I*" (the ego), is *worse in a warm room and relieved by motion*. Tearful, sad and despondent, ameliorated walking in the open air, especially when it is crisp, cool, fresh and bright. Suffocation and an increase of the pains, and even a state of chilliness in a warm room; a nervous chilliness when the patient perspires from the heat of a room. The inflammatory symptoms, neuralgias and rheumatisms are relieved by cold, by eating and drinking cold things, by cold applications, a cold cloth or cold hands. Cold drinks relieve, even though the patient is *not* thirsty. Cold foods are digested while hot foods are vomited. Ice cold water feels good going down the oesophagus, and is retained in the stomach, though there is no thirst.

The Pulsatilla patient often applies the word "*I*" to the symptoms of the stomach. It is "*I*" because all the bodily symptoms are affected by the digestion. "*I feel so bad after eating.*" It is often only a lump in the stomach, but the mental and nervous symptoms also are worse after eating. The stomach symptoms are worse in the morning, the mental symptoms worse in the evening. *Aggravation from fats and rich foods*. Complaints brought on by eating fat, pork, greasy things, cakes, pastries and rich things. The Pulsatilla stomach is slow to act. Hours after eating there is a sense of fullness in the stomach, a lump in the stomach, ameliorated by slow walking in the open air. The patient is commonly relieved from slow motion in the open air, becomes frantic when trying to keep still, worse during rest, ameliorated by doing something, generally slow, moderate motion. This relief from motion and aggravation from rest,

relief in the open air, and aggravation in a warm room give us a good summary of what we have said.

In Pulsatilla patients the skin feels feverish and hot, while the temperature of the body is normal. There is aggravation from much clothing ; she wants to wear a thin dress even in moderately cold weather. Does not need to dress warmly. Much clothing and covering aggravate. Often he can't wear flannels or woollen clothing because they irritate the skin, causing itching and eruptions like *Sulphur*, and this is not surprising, as Pulsatilla and *Sulphur* are antidotes. There is no remedy like Pulsatilla to antidote *Sulphur* when it has been used every Spring to "cleanse the blood." They use *Sulphur* until the skin becomes red, hot, easily irritated, and aggravated by clothing. Pulsatilla is the antidote. Old cases of psoriasis ; little flat, brownish patches about the size of the thumb nail, which itch tremendously, in old *Sulphur* patients are cured by Pulsatilla. This is not down in any of the books. A general feature of the skin is itching and burning, but a more marked Pulsatilla state is a *Lachesis* appearance of the skin. It is mottled, erysipelatous ; spotted, purplish in spots ; veins engorged ; capillaries tumid ; a vasomotor paralysis of the capillaries or veins producing a mottled appearance. Pulsatilla has an unusually *venous* constitution. The veins are engorged, in a state of stasis, hence there is over-heat of the skin. This unusual fulness, redness and purple aspect of the face is a false plethora. It often goes on to a puffiness and swelling, and especially at the menstrual periods. Considerable bloating up of the face and eyes, bloating of the abdomen ; feet puffed so that she can't wear shoes, feet red and swollen at the menstrual period, ameliorated by the menstrual flow. Many women are late and are preparing for a week or ten days ; face purple, red, puffed and bloated ; abdomen distended ; dyspnœa ; and all this is relieved by the menstrual flow. She feels these symptoms perhaps one or two weeks, and is relieved by slow motion in the open air. Can't breathe in a warm room ; wants the windows open ; chokes and suffocates in a warm bed at night. This increases until the menstrual flow starts. The stomach is so full and distended that she can't eat. No appetite or desire for food.

With the engorgement of veins you will not be surprised that *ulcers* surrounded by varicose veins are common in this remedy. Ulcers bleed black blood which coagulates early; little black clots; bleeding is not copious but scanty; clots easily, dark, tarry, offensive. Ulcers bleed and ooze, discharge a bloody watery fluid or there is a very thick yellow or green flow.

This brings us to the *catarrhal* state. Wherever there is mucous membrane there is catarrh. The mucous membrane is covered with purple spots, dry spots; tumid, puffed, looks erysipelalous. Wherever there is inflammation of the mucous membrane it looks purple; a venous congestion. *Thick green, yellow catarrhal discharges* are most characteristic. The catarrhal discharges are *bland* with the exception of that from the vagina, which is excoriating, causing rawness of the parts. From the eyes, ears, nose and chest there are thick, yellow, green, *bland* discharges, but there is thick yellow green *excoriating* leucorrhœa. Remember, however, that Pulsatilla has a bland leucorrhœa, in keeping with the general state. Discharges are often offensive, sometimes bloody, watery, but even then mingled with yellow green purulent fluid.

The Pulsatilla patient suffers from *vertigo* from affections of the eyes, ameliorated by wearing well-adjusted glasses; attended by nausea which is worse lying down, worse from motion, worse from the motion of the eyes, and ameliorated in a cold room, and by riding in a carriage in the cold air. As soon as she enters a room that is warm she has nausea, even to vomiting. Vertigo with vomiting after eating.

Pulsatilla has tremendous *headaches*. Headaches in school girls who are about to menstruate. Headache accompanying menstruation. Headache associated with suppressed menses, with menstrual disorders; not caused *from* them, but associated with them. Pains through the temples and sides of the head are common Pulsatilla headaches. Headaches before, during and after menstruation; but more commonly before, when there is a general state of congestion, stasis, and tumefaction of the veins, and amelioration of the headache when the menses set in if the flow is normal. It is common to have the head and nervous symptoms through the menses, because the flow is so scanty, often little

more than a leucorrhœa, and for a single day a little clot of dark blood. *One-sided headaches* and *one-sided complaints* are peculiar to Pulsatilla. Perspiration on one side of head and face; fever on one side of the body; one side cool and normal and the other side hot. I remember a case of puerperal fever with sweat on one side of the body and dry heat on the other and confusion of other symptoms. Pulsatilla was thought of and was found to correspond to the other symptoms fairly well, and on that medicine being given the patient recovered.

The Pulsatilla headache is a throbbing congestive headache; much heat in the head, ameliorated by the application of cold, by external pressure, and sometimes by slow motion, aggravated by lying and sitting quiet, ameliorated by walking slowly in the air; becomes worse towards evening and gradually increases through the evening and night, worse from the motion of the eyes and from stooping. The pains are often constricting, throbbing and congestive. Periodic sick headaches, with vomiting of sour food. Headache when he overeats. Though he likes ice cream, he has headache and congestion of the stomach after eating ice cream.

Eyes. Catarrhal symptoms. Pustules about the lids and over the ball; on the cornea. Inflammatory features. Thick, yellow-green pus. Granular lids. Continued formation of little pustules. Isolated granules on lids, grow out here and there in bunches as large as pin heads. Eyelids inflamed and bleed easily. Every time he catches cold it settles in the eyes and nose. Eyes red, inflamed and discharge. In infants catarrhal diseases of the eyes of a gonorrhœal character; ophthalmia neonatorum. In early days the infant often needs the same constitutional remedy as the mother. Yellow green discharge from the eyes; eyes are ameliorated by washing in warm water, or tepid water; even cold water feels good to the eyes. The *Sulphur* patient is made worse by bathing; the eyes smart, burn and become increasingly red after washing in water. Pulsatilla causes a tendency to the formation of *styes*; recurrent styes; always having styes. Pustules, papules and little nodosities on the lids.

Prior to menstruation, in young girls especially, all things get black before the eyes, like a gauze or a veil. Nervous manifes-

tations, twitchings, spells of blindness and fainting. In the early stages of paralysis of the optic nerve Pulsatilla is a great remedy. The patient is always rubbing the eyes; whether or not there is mucus in the eyes it matters not; but it is a sensation of gauze before the eyes, ameliorated by rubbing. Pulsatilla has cured incipient cataract. Itching of the eyes, in keeping with the skin symptoms. Itching in the ears, nose, tickling in the throat, in the larynx. Itching in the eyes is emphasized here.

In the *ears* we have the same Catarrhal condition. Thick, yellow, offensive, purulent, bland discharge; very fetid, sometimes bloody. Pulsatilla is commonly indicated in earache of children; when the child is a gentle, blonde, fat, plump, vascular red-faced child always pitifully crying. If it is a case of earache in a nondescript child Pulsatilla will also prove to be a temporary remedy, so closely is it related to pain in the ear. Pains in the ears in the evening or in the night, ameliorated by walking slowly about the room. In *Chamomilla* you have a snapping and snarling child, never pleased, scolds the nurse and mother; ameliorated walking about. The irritability decides for *Chamomilla*. You can detect a pitiful cry from a snarling mad cry. Both are ameliorated by motion, by being carried, by doing something. Both want this and that and are never satisfied; they want amusement. But the Pulsatilla child when not amused has a pitiful cry and the *Chamomilla* child a snarling cry. You want to caress the one and spank the other.

Ear troubles with a ruptured drum and no healing; otitis media. Abscess in the middle ear; inflammation of the middle ear; copious thick bloody discharge, then yellow green. The case goes on night and day until rupture takes place. I have found this condition as an epidemic, in which *Merc.*, *Hep.*, and *Puls.* were the most frequently indicated remedies. Ear troubles following eruptive diseases. Offensive catarrhal discharge dating back to scarlet fever or measles; badly treated and drugged patients. Inflammation and swelling of the external ears; erysipelatosus purple conditions. Scabs on the tragus.

LECTURE II.

We will to-day begin with the study of the *nose*. The patient is subject to repeated attacks of coryza, with sneezing and stuffing up of the nose; a febrile state; sometimes with chills, fever and sweat. Pains in the face and through the nose. In the evening considerable watery discharge with sneezing; in the morning stuffing up of the nose with thick yellow-green discharge. Pulsatilla is suitable to chronic catarrhs, with thick yellow-green discharge which is bland; stuffing up of the nose; copious discharge; patient always has a bad smell in the nose; smells various offensive things, sometimes like manure, but more commonly described as the offensiveness of a stinking old catarrh. Large bloody, thick, yellow crusts accumulate in the nose, harden down and are blown out in the morning, accompanied by thick yellow pus. In old lingering cases, *loss of smell and taste*. The whole mucous membrane is in a state of thickening and suppuration, with the formation of crusts and ulcers. Fulness high in the nose; stuffing up and fulness in the posterior nares. Hawks up thick yellow mucus in masses, with crusts in the morning, very often offensive to others. Many Pulsatilla patients in this catarrhal state get relief from this horrible stench by blowing out great crusts. Thick clinkers of dried-up pus or dried mucus and pus accumulate for several days and this terrible catarrhal smell comes on; but as soon as he blows out these clinkers the odor goes away and he has relief until they form again in a few days. The patient *himself* feels better in the open air, and worse in a warm room. He does not say so much about the changes in his *nose* in a warm room. *He* breathes better in the open air; feels stuffy in a warm room. But there are times when his *nose* stuffs up more in a warm room, when he sneezes more in a warm room.

The loss of smell is present in chronic and acute catarrhs. Tremendous stuffing up of the nose occurring in the evening; he blows the nose easily and cleans it out during the day, but it stuffs up in the evening and he can't clean it out. Remember that the mental symptoms are worse in the evening. He gets up

in the morning with a stuffed up nose, but cleans it out; his mouth is foul, tongue coated, rancid taste, requires much brushing of his teeth and washing out of his mouth before he can take his breakfast. So you see the mouth and stomach symptoms are worse in the morning, the mental symptoms are worse in the evening and there is also a stuffing up of the nose in the evening. Compare this with the cough. There is a *dry evening cough* in Pulsatilla and a *loose morning cough*. Copious expectoration in the morning, but a dry, tight, constricted feeling in the chest in evening. Stuffed up in the evening, making breathing difficult. To repeat, then, Pulsatilla is one of our sheet anchors in old catarrhs with loss of smell, thick yellow discharge, and amelioration in the open air; in nervous, timid, yielding, light-haired patients, with stuffing up of the nose at night and copious flow in the morning.

With the catarrhs and acute colds there is often bleeding of the nose, blowing out of blood from the nose; the crusts cling tight, and when blown out they are torn loose, and this causes bleeding; but the nose bleeds easily, subject to epistaxis. Nose bleed during the menstrual period; nose bleed before the menstrual period; nose bleed with suppressed menses; bleeding dark, thick, clotted, almost black, venous blood. Especially do we find catarrhal subjects in women who have late, scanty, light-colored menses; scarcely more than a leucorrhœa; if bloody, then only a little black stain or clot. Chlorotic patients who have their menses once every two or three months; chlorotic girls who are irregular, and are subject to these catarrhal states.

The face is sickly, often mottled, purple, intermixed with yellow and unhealthy colors; venous puffing; sensation of fullness; often a red face, like that of health, and the patient gets no sympathy; face often flushes; flushes of heat to the face; at times a sunken look; dark rings about the eyes; sallow, green, chlorotic. Subject to erysipelas; erysipelalous blotches on the face, spreading to the scalp, with stinging and burning; skin of face very sensitive to touch at such times.

Mumps and inflammation of parotid glands. If a woman suffering with mumps takes a decided cold the breasts swell, and there is an inflammation of the mammary gland. Girls take cold, the

swelling of the parotid subsides too soon, and the corresponding mammary gland swells; sometimes both swell; or it may begin in one and go to the other. In men it is the testicle. Pulsatilla is one of the most important remedies in this form of metastasis; it breaks up things that flit about. Pulsatilla is the common remedy for enormously swollen testicles in a boy. *Carbo vegetabilis* is another remedy, but then you have a *Carbo veg.* patient. *Abrotanum* is also useful in this jumping around business. Pulsatilla has *wandering pains*, rheumatism goes from joint to joint, jumps around here and there; neuralgic pains fly from place to place; inflammations go from gland to gland. But here is the distinguishing feature—Pulsatilla *sticks to its own text*; it keeps jumping around, but it does not change to a new class of disease. *Abrotanum* has this metastasis, but it changes the whole diagnosis; that is, the allopath says, "This is a new disease to-day." The patient has a violent diarrhoea to-day, and an ignoramus suppresses it; an inflammatory rheumatism comes on, and he calls it a new disease. The suppression of a diarrhoea or a hemorrhage, or the removal of piles, causes an out-cropping somewhere else. A child has a summer complaint suppressed and there follow symptoms referring to the brain, kidneys, liver, or a marasmus with emaciation from below upwards. Such things are in the nature of *Abrotanum*, but Pulsatilla keeps to its text; it has an order of its own, *Abrotanum* has none.

Stomach. Hours after eating the patient spits up mouthfuls of sour, rancid, bitter fluid; liquids roll up from the stomach; always belching up rancid food, even hours after eating. Some patients can't digest a bit of butter. Can't use olive oil on their food. All sorts of bad tastes in the mouth as a result of poor digestion. Several hours after eating has not finished digesting food in the stomach. Sour vomiting and eructations. The stomach is as bad as an old leather bag. Digestion is slow, and the patient goes to the next meal hungry; eating does not satisfy; assimilation is bad. Always bilious. Mouth is slimy and the taste is bad. All these things are worse in the morning. "Accumulation of saliva and much mucus in the mouth." "Flow of sweetish or tenacious saliva." "Constant spitting of frothy, cotton-like mucus."

A striking feature of the Pulsatilla patient is that he never wants to drink water. Dryness of the mouth, but *seldom thirsty*. Even in many of the fevers he is thirstless, but there is at times an exception to this—in high fevers there may be some thirst. “Thirstlessness, with moist or dry tongue.” “Desire for sour, refreshing things.” Often desires things he can’t digest; lemonade, herring, cheese, pungent things, highly-seasoned things, juicy things. “Aversion to meat, butter, fat food, pork, bread, milk, smoking.” “Scraping sensation in stomach and œsophagus like heartburn.” Many pains in the stomach when empty or when full. But the bloating, the gas and the sour stomach are most striking. Gastric catarrh. Craves ice cream; craves pastries, yet they won’t digest, and make him worse. Craves things which make him sick. This is not uncommon. The whisky drinker craves his liquor, yet knows it will kill him. So in Pulsatilla with regard to pastries. Craves butter cakes, with maple syrup, yet knows they will be vomited. Craves *highly spiced* sausage, yet averse to pork alone.

Pulsatilla produces and cures jaundice. “Jaundice in consequence of chronic susceptibility to hepatitis and derangement of secretion of bile, with looseness of bowels; duodenal catarrh; disordered digestion; feverishness and thirstlessness; after quinine.”

LECTURE III.

Abdomen. Many of the troubles seem to manifest themselves in the abdomen by bloating, distension of the abdomen, flatulence, colicky pains, rumbling, fermentation of food, and from disorders of menstruation or diarrhœa. Great sensitiveness, tumefaction, tenderness; whole abdomen, stomach and pelvic organs sensitive to touch. Bloating after eating, especially after fats and rich foods. Fulness of the veins; general venous stasis. It brings about especially a tumid fulness of the abdomen, such a stuffed feeling that she cannot breathe. In a woman about to menstruate, there is bloating of the abdomen, stuffed feeling, has to throw off her clothes, cannot wear stays or bandages, wants to get into a loose dress or to go to bed—so extremely

puffed is she. Associated with this abdominal tumefaction the face and lips become bloated and puffed, the eyes red, and the feet puffed so that she cannot wear her shoes. There is also a sensation of dragging down, a sense of great weakness, commonly related to the menstrual disturbances or uterine disorders. The dragging down is recognized as prolapsus uteri. It is felt in the whole abdomen and is described as a funneling sensation, as if the parts would push out into the world, a dragging down. Oversensitiveness of the abdomen; tumefaction and dragging down in the abdomen—especially in the lower part of the abdomen. She can't stand on her feet or walk around much, because of the weight and dragging down. Labor-like pains in the uterus and back as if the menses would come on. It is not uncommon for the Pulsatilla patient to feel through the whole month as if she were about to menstruate.

The abdominal and bowel symptoms are associated. Cutting, flitting changing pains. Pains urging to stool. Gripping, cramping in the bowels associated with dysentery or diarrhœa; loose, watery or green stools. A striking feature of the bowel symptoms is a loose, watery, green stool, *continually changing*; yellow, fecal, slimy. In summer complaints in general, when Pulsatilla is the indicated remedy, there will be hardly two stools alike; continually changing. This is characteristic of Pulsatilla in general; the pains wander; complaints change by metastases; the patient herself is scarcely ever twice alike. Diarrhœa alternating with constipation. Menstrual flow stops and starts, intermits and changes. In the Pulsatilla patient you never know what you will find next. This marks the stool; no two of them are alike. Dysentery; dysenteric stools; scanty, slimy, bloody, green watery stool with a little spurt; next stool might be diarrhœic, with quite a copious discharge; thus you have diarrhœa and dysentery together.

Troublesome chronic constipation; stool large, hard and difficult to expel. It has (like *Nux*) frequent urging to stool without any stool, or frequent urging with only a scanty stool; goes many times before can pass a stool. Such is a *Nux* state as well as a Pulsatilla one. Frequent unsuccessful urging in a chronic case is looked on as a keynote to *Nux*, but many remedies have

it. Pulsatilla is one. The diarrhœa and bowel symptoms of Pulsatilla are worse in the evening and during the night; that is, the stools are worse at night. The stomach, throat and mouth symptoms are worse in the morning. The mental symptoms are worse in the evening. The bowel and stool symptoms are aggravated by keeping perfectly still, and ameliorated by gentle motion. The painful part especially is relieved by gentle motion. There is much restlessness in Pulsatilla. Amelioration from motion in the cool open air. Feels stuffed up in a close room, and wants the windows and doors open. "Dysenteric stools of clear yellow, red or green slime; pain in the back, straining." "Stools of deep green mucus; pain in the abdomen; no thirst." You will remember the word *green* in Pulsatilla, as it relates extensively to the catarrhal discharges.

Most troublesome constipation with hæmorrhoids; violent pains in the hæmorrhoids, worse lying down, ameliorated from gentle motion, worse from the warmth of the bed, better moving about in the open air. She becomes so nervous in a room while at rest that the pains seem intensified and she must move about. "Hæmorrhoids; painful, protruding, blind, with itching and stitches in anus." The aggravation from lying down in extremely painful hæmorrhoids is contrasted with *Ammonium carb.* which has violently painful hæmorrhoids relieved by lying flat on the back. In violently painful hæmorrhoids, with intense burning, think of *Arsenicum* and *Kali carbonicum*. In those with sticking, rending, tearing pains study *Æsculus*. Looking over a number of years I have been forced to use in these cases a remedy not yet fully proven. In painful hæmorrhoids, in a broken down constitution, where the whole disease seems to culminate in the hæmorrhoids; bleeding, protruding; a mere touch almost causes a convulsion; it causes her to scream out at the top of her voice; it is so painful that she feels that death would be a relief; she lies in bed holding the nates far apart with her hands; after every stool she has three or four hours of extreme suffering. In these cases look up the *Pæony*. The hæmorrhoids it cures look like the flowers of the plant, they are so inflamed, so red and bleeding; oozing; tender to touch; patient is so worn out with the pain. It has many times relieved the pain and cured these

enormous hæmorrhoidal tumors. I have cured them after they had been operated on, and all sorts of violence done to them, without relief. Don't go to this drug if you can find a remedy that covers *all the patient*. Many patients will not confess any other symptoms, and some of these will suffer so much from the hæmorrhoids alone that you will really need to operate.

Urinary organs. Urine frequent, scanty, with urging; wonderful tenesmus; extremely painful, bloody, burning, smarting urine; there is scarcely a drop collects in the bladder but it must be expelled. She can't lie on the back without having a desire to urinate. She may go all night without urinating if she does not lie on the back, but the minute she turns on her back she is wakened by the desire to urinate and she feels that if she does not hurry she will pass it involuntarily. Involuntary urination when coughing and sneezing, or from a sudden shock or surprise, or from sudden joy, or from laughing, or from the noise of the slam of a door or a pistol shot. Pulsatilla has dribbling of urine, dribbles on the slightest provocation. She must keep her mind continually on it, or she will lose her urine. As soon as she goes to sleep it flows away. Little, blonde, mild, gentle, florid, plethoric, warm-blooded girls, who kick the covers off at night, and have nocturnal enuresis. Yellow, sallow, sickly girls who lose their urine in their first sleep call for *Sepia*. Losing the urine in the first sleep is looked upon as a strong symptom, but you can figure it out, and hence it is *not* so. All those cases that have to make an effort to hold the urine during the day lose it in their first sleep; for then the mind is taken off it, and as soon as the mind is taken off it the urine dribbles. *Causticum* and *Sepia* are remedies looked upon as curing involuntary urination during the first sleep, but I have cured it with many other remedies. A man past middle age flooded the bed at night as soon as he went to sleep. The medicines which have this are limited and he had received them all. I found I must figure it out on another basis. I ascertained that when moving about at his work he had no difficulty in holding the urine, but when he sat down he had to make an effort to control it. At the time this condition developed he had been in Atlantic City and had bathed much in the ocean. Here were the aggravations and ameliora-

tion of *Rhus*, and *Rhus* cured him. Few would think of *Bryonia* in urinary trouble. When he moves the urine dribbles, when he walks it flows. He is relieved only by keep quiet. *Bryonia* is aggravated by motion; *Rhus* is relieved by motion.

Pulsatilla has relief from motion. A few remedies have relief from slow motion and of these Pulsatilla and *Ferrum* are the most striking. A few remedies are relieved by hurried motion; want to move fast. Such are *Sulphuric acid*, *Bromine* and *Arsenicum*. The *Arsenic* child cannot be carried fast enough. The Pulsatilla baby is content with moderate motion. Any motion that *heats up* the Pulsatilla patients aggravates all the complaints. A wood sawyer working hard, said his cough was relieved by moving about, but when he became heated up from sawing he had to sit down and rest on account of the violent spasmodic cough that would come on.

Pulsatilla has complaints from exposure to rain; getting feet wet. Urinary troubles worse when getting chilled (*Dulcamara*). Pulsatilla establishes a chronic, inveterate catarrh of the bladder. Copious mucous discharge, bloody discharge, especially after taking cold. Thick ropy, purulent, green, offensive discharge.

Male sexual organs. Sexual desire unusually strong. "Long lasting morning erections." "Sexual excesses resulting in headache, backache; limbs heavy." "Burning and aching of the testicles, with or without swelling." Orchitis; inflammation and swelling of the testicles from suppressed gonorrhœa, from mumps, from catching cold, from sitting on damp ground, or on a cold stone when perspiring. Gonorrhœa suppressed by injections or by men who are not prescribers. "Cold" settles in the testicles. Pulsatilla is the most frequently indicated remedy in gonorrhœa, in which the discharge is thick yellow or thick yellow and green, in those who are mild and gentle and sensitive to heat, ameliorated walking in the open air. But also in persons with no other symptoms, and the gonorrhœal discharge is thick yellow or green; no symptoms contraindicating it. Troublesome lingering discharges; an old gleet rouses up into a thick yellow discharge, when he takes cold or after coition. Frequent tenesmus; chordee; urging to urinate; burning urination and yellow discharge. Tumefaction about the penis. Foreskin dropsical. (*Nitric ac.*, *Fluor. ac.*, *Cann. sat.*). Pulsatilla is useful in

cases of suppressed gonorrhœa, with complaints following. Inflammation of the prostate. In old sinners with enlarged prostates; hard, flat, packed feces; must always use a catheter; especially when trouble has been brought on by sexual abuses, sexual excesses, vices. Pains in the testicles; rending tearing in the swollen testicle. Pain along the cord like cutting of knives; lacerating, tearing.

Female. Exaggerated sexual feeling; nymphomania; wild, besides herself with sexual thoughts; uncontrollable sexual desire. Inflammation of ovaries and uterus. Suppression of menses from getting feet wet. Menses too late, scanty. Face pale, yellow, sallow, or green like a chlorotic patient. It overcomes the tendency to miscarriage, false conception, moles, etc., and stops the growth of fibroids, other symptoms agreeing. In pregnancy and during confinement many symptoms call for Pulsatilla. Most often called for when the patient is mild, and the pains are very feeble, lasting for several days, and doing nothing; irregular, flitting, changeable pains, now up the back, now down the limbs; a prolonged first stage or prolonged preparatory symptoms. *Chamomilla* is more suitable if the woman is extremely irritable and snappish. But in mild, gentle, patient women, when the pains are irregular, the os dilated and the contractions have let up and won't hold on, Pulsatilla will terminate that labor in a short time. The next pain after the dose will be a good one. You very often see in these cases that the outside parts are relaxed and the conditions are such that everything ought to go on well, but there is inaction. For weak pains Pulsatilla stands high.

Violent menstrual colic, causing her to bend double; soreness in the region of the uterus and ovaries; distended abdomen; throws the covers off; wants the windows open; tearful; weeps without a cause. Flow slow in being established and then scarcely more than a leucorrhœa. Menstruation that has been painful since puberty in plethoric girls. I have seen Pulsatilla cure a great many girls of sixteen to eighteen years old. The mother comes to me saying her daughter has suffered since her first menses; she went in swimming, or got her feet wet, and has suffered since. The doctor says she has a pin-hole opening,

a stenotic os, or the parts are undeveloped, and she must be operated. Pulsatilla has established a normal flow in a few months. Now I will give you a contrast in another remedy. Scrawny girls who are sensitive to cold, have also taken a bath at the time the first menses should appear, or have got the feet wet, and the flow is partially suppressed, or has come on with an inflammation; a state of undevelopment is established, a stenosis; horrible menstrual colic; bearing down pains, as if everything would escape into the world, doubling the patient up; ameliorated by heat and aggravated by cold. *Calc. phos.* is the medicine. "In girls of mild disposition, when puberty is unduly delayed, or menstrual function is defectively or irregularly performed; they are pale and languid, and complain of headache, chilliness and lassitude." To develop these young girls Pulsatilla is a great remedy. Most troublesome cases of prolapsus. It competes with *Sepia*, *Belladonna*, *Natrum mur.*, *Nux vomica* and *Secale*; all of these are medicines with great relaxation, bearing down; some have cured even precidentia. Pulsatilla cures many cases of gonorrhœa in females. I think it is most commonly indicated. A striking feature is, when the menstrual flow is present there is milk in the breasts. In girls at puberty—milk in the breasts; a premature establishment of milk. In non-pregnant women, milk in the breasts. (*Cyclamen and Mercurius*).

The chest, respiratory organs, and cough furnish some most troublesome symptoms. Bronchitis; pneumonia. Dry, teasing cough and dyspnoea; wants the windows and doors thrown open, aggravated lying down. Cough gagging and choking. Copious expectoration in the morning, of thick yellow green mucus. Dry, teasing cough at night, worse lying down. Chronic loose cough after measles. Whooping cough.

You must study the rest of it out for yourself.

HERING'S THREE DIRECTIONS OF CURE.

As *acute* diseases terminate in an eruption upon the skin which divides, dries up and then passes off, so it is with many *chronic* diseases. All diseases diminish in intensity, improve and are cured by the internal organism freeing itself from them little by

little, the internal disease approaches more and more to the external tissues, until it finally arrives at the skin.

Every homœopathic physician must have observed that the improvement in pain takes place *from above downward*, and in diseases *from within outward*. This is the reason why chronic diseases, if they are thoroughly cured, always terminate in some cutaneous eruption, which differs according to the different constitutions of the patients. The cutaneous eruption may be even perceived when a cure is impossible, and even when the remedies have been improperly chosen. The skin being the outermost surface of the body, it receives upon itself the extreme termination of the disease. This cutaneous eruption is not a mere morbid secretion having been chemically separated from the internal organism in the form of a gas, a liquid or a solid ; it is the whole of the morbid action which is pressed from within outward, and it is characteristic of a thorough and really curative treatment. The morbid action of the internal organism may continue either entirely, or more or less in spite of this cutaneous eruption. Nevertheless this eruption is always a favorable symptom ; it alleviates the sufferings of the patient and generally prevents a more dangerous affection.

The thorough cure of a widely ramified chronic disease is *indicated by the most important organs being first relieved ; the affection passes off in the order in which the organs had been affected*, the more important being relieved first, the less important next, and the skin last.

Even the superficial observer will not fail in recognizing this law of order. An improvement which takes place in a different order can never be relied upon. A fit of hysteria may terminate in a flow of urine; other fits may terminate in the same way or in hemorrhage; the next succeeding fit shows how little the affection had been cured. The disease may take a different turn, it may change its form, and in this new form it may be less troublesome, but the general state of the organism will suffer in consequence of this transformation.

Hence it is that Hahnemann inculcates with so much care the important rule to attend to the moral symptoms, and to judge of the degree of homœopathic adaptation existing between the rem-

edy and the disease by the improvement which takes place in the moral condition and the general well-being of the patient.

The law of order which we have pointed out above accounts for the numerous cutaneous eruptions consequent upon homœopathic treatment, even where they never had been seen before; it accounts for the obstinacy with which many kinds of herpes and ulcers remain upon the skin, whereas others are dissipated like snow. Those which remain do remain because the internal disease is yet existing. This law of order also accounts for the insufficiency of violent sweats, when the internal disease is not yet disposed to leave its hiding place. It lastly accounts for one cutaneous affection being substituted for another.

This transformation of the internal affection of such parts of the organism as are essential to important functions to a cutaneous eruption—a transformation which is entirely different from the violent change effected by means of Autenreith's ointment, ammonium, croton oil, cantharides, mustard, etc.—is chiefly effected by the antipsoric remedies. Other remedies may sometimes effect that transformation, even the use of water, change of climate, of occupation, etc., but it is more safely, more mildly, and more thoroughly effected by the antipsoric remedies.—*Guide to the Progressive Development of Hpmæopathy.*

WHAT conscientious man would consent to work away at hazard on a sick person hovering between life and death with tools that possess powers to hurt and destroy without an accurate knowledge of their powers? No carpenter would work upon his wood with tools whose uses he was ignorant of. He knows every one of them perfectly, and hence he knows when to use the one and when the other, in order to effect with certainty what he intends to do; and it is only wood he works upon and he is but a carpenter!—*Hahnemann.*

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXVI.

THE SECOND PRESCRIPTION.

The second prescription may be a repetition of the first, or it may be an antidote or a complement; but none of these things can be considered unless the record has been again fully studied, unless the first examination, and all the things that have since arisen, have been carefully restudied that they may be brought again to the mind of the physician. This is one of the difficulties to contend with when patients change doctors, and one of the reasons why patients do not do well after such a change. The strict homœopathic physician knows the importance of this and will try to ascertain the first prescription. If the former physician is strictly a homœopathic physician, he is most competent of all others to make the second prescription. It is often a hardship for a patient to fall into the hands of a second doctor, no matter how much materia medica he may know. The medicine that has partly cured the case can often finish it, and that medicine should not be changed until there are good reasons for changing it. It is a very common thing for patients to come to me from the hands of good prescribers. I tell them to stay with their own doctor, I do not want them. Such changing is often a detriment to the patient, unless he brings a full record, and this is especially true in relation to a case that has been partially cured, where the remedy has acted properly. If the patient has

*Stenographically reported by Dr. S. Mary Ives.

no reasonable excuse to leave the doctor, it is really a matter of detriment to the patient for a physician to take another's patients at such a moment. It is not so much a question of ethics, it is not so much a question of the relation of one doctor to another, because friends can stand all that, but it is only after a tedious inspection of all the symptoms that an intelligent physician is capable of making a second prescription. As a general thing, if the first prescription has been beneficial it ought not to be left until it has done all that it can do. How is the second physician to know that? Then the duty of the physician is first to the patient, and to persuade the patient to return to his first doctor.

The rule is, after the first correct and homœopathic prescription, the striking features for which that remedy was administered have been removed, a change has come, and the guiding symptoms of the case have been taken out, and only the common and trivial symptoms remain. It is true if the physician would wait long enough he would see the return of those symptoms, but usually when a patient walks into a doctor's office the doctor is in a hurry to make a prescription and does not wait until the proper time. He at once prescribes on the symptoms that are left, and this is one of the dangers to be avoided, a hurried second prescription. The patients are to be pitied that fall into the hands of such homœopaths. Many patients are wonderfully benefited by the first prescription; they have said to me "Dr. So-and-so benefited me wonderfully for a while, and then he did not seem to be able to do me any good." The fact was that the first prescription was a correct one, having been properly chosen, and after that first prescription the doctor administered his medicines so hastily and so indiscriminately that nothing more was accomplished in the case. The trouble was that he did not wait long enough. It makes no difference whether the physician is so extremely conscientious that he does not want to give *Sac. lac.*, or whether he is so ignorant that he does not know to give it, the result is the same. The early repetition of the medicine, and the continued giving of the same medicine, will prevent anything like an opportunity for the making of a second prescription. If the physician administers a well-chosen remedy, and repeats it too soon, he never gives the symptoms a chance to come back and

call for a second prescription; but they become intermingled with drug symptoms, so that the rational second prescription cannot be made. The second prescription presupposes that the first one has been a correct one, that it has acted, and that it has been let alone. If the first prescription has not acted curatively, or has not been permitted to act the full time, it is impossible to get a second observation. The second observation is made when the case comes to a standstill, for after the first prescription has been made changes occur; there is a coming and going of symptoms, and while these changes are occurring no rational observation can be made of the case; if a second prescription be made during this time, it will be likely to spoil the whole case. If the patient is not given a perfect rest, if medicines are not kept out of the case, we will have no opportunity to make a rational second prescription. But if these precautions are observed, then we can really make an observation upon the return of the original symptoms, which is the first thing to be considered. Perhaps they are not so marked, but that is always the first thing to be looked for, the return of the original symptoms. While the confusion is going on after the administration of the remedy, while internal order is being established in the economy, we do not have the return of the original symptoms. This may be a matter of days, or weeks or months, but if the return of symptoms is not observed what is there to be done? Without symptoms what can the homœopathic physician do? No matter what state the patient is in, what can the physician do without symptoms? There is no earthly guide to the remedy except by signs and symptoms. So that it is the duty of the physician to *wait for the return of the original symptoms*. If the symptoms return somewhat as they were, differing slightly in their intensity, increased or decreased, it is good. If the patient has not had these present symptoms for some time, if there has been a relief caused by the first prescription, and then the symptoms return somewhat as in the original, this is one of the reasons for believing that the first prescription was a good one. If, after an interval of two or more months, the original symptoms return, we need very little information beyond this to know that the first prescription was a good one. In such a case when the symptoms return, when the patient has the same

generals and particulars as formerly, it means that the first prescription was a good one, that the case is curable, and that the second prescription must be a repetition of the former.

Another reason for making a second prescription is the appearance of a lot of new symptoms taking the place of the old symptoms; the old symptoms do not return, but new symptoms come in their place. The patient says, "Well, doctor, you have cured me of those symptoms I had, but now I have these." The doctor, after examining carefully these new symptoms, immediately looks up the pathogenesis, and it is possible that he will find these symptoms in the drug that he has administered and then it looks like a proving. He asks the patient if he ever had these symptoms before. "Never to my recollection, doctor." Cross examine him carefully to see if he is not mistaken, until it seems that they are really new symptoms. If so, the remedy has not acted properly. It was not homœopathic to the case; and yet it was an unfortunate prescription, because it has caused the disease to progress in another direction, developing another group of symptoms. This coming up of new symptoms means that they must be *antidoted*, if it is possible. Then the new symptoms combining with the old ones must be again studied and the second remedy must correspond more particularly to the new than to the old. It may cause the new symptoms to disappear and possibly have an effect upon the old ones. Any subsequent prescription takes into account all the things that have preceded it, all the conditions that have arisen, and the third, fourth, fifth or sixth prescriptions have the same difficulties to surmount that are to be surmounted in the second. If the first prescription was an unfortunate one, then all the others are made with difficulty and fear.

It is rarely the case that a new prescription becomes necessary when the case merely comes to a standstill. The first prescription has been made and the symptoms commence to change in an orderly way; they change and interchange and new symptoms come up, but finally the symptoms go back to their original state, not marked enough to be of any importance, without any special suffering to the patient, and the patient has arrived at a state of standstill. The patient says, "I have no symp-

toms, yet I am not improving; I seemed to have come to a standstill position." He says this as to himself, not as to the symptoms. He has come to a standstill. It is the duty of the physician then to wait, and wait a long time; but if after many months no outward symptoms have appeared, no external tendency of the disease, it is true that another dose of the medicine will not do harm and the same remedy is the only one that can be considered. A new one cannot be entertained, because there is no guide to it; but another dose of the same medicine can cause the patient to be jogged along the way of feeling better, but there should never be any haste about it. Wait a long time when patients come to a standstill; but when, as in the first instance, the return of the original symptoms is observed, then you have some guide to the administration of the medicine.

The second prescription, then, technically speaking, is the prescription after the one that has acted. You may administer a dozen remedies without having any effect upon the economy, and yet no prescription has been administered that has been specific. You may fool away much time in administering remedies that are not related to the case. The result is the same. Consider the first prescription the one that has acted, that one that has effected changes, and subsequent to that the next prescription is the second.

The next thing we have to consider is *the change of the remedy* in a second prescription. Under what circumstances must we change the remedy? One instance I have mentioned, when striking new symptoms appear, and there is an entire change of base in the symptoms, so that the headache, perhaps, which has lasted a long time, disappears. After the administration of the medicine when a new group of symptoms appears somewhere in the body relative to the patient, such as the patient has never had, this new group of symptoms means that a new remedy must be considered, and under such circumstances the change of the remedy will be the second prescription, and the second prescription in this case calls for a change of remedy.

We will suppose another instance where the remedy must be changed. A patient has been for years under treatment for a constitutional chronic disorder, and you have gone through the poten-

cies ranging from the lowest to the highest, and they have acted curatively. You have administered the different potencies, repeating the same potency until it would not act any longer, and then going higher, until you have gone through the whole range of potencies. You can repeat that remedy many times on a paucity of symptoms, when you cannot give another remedy, simply because it has demonstrated itself to be the patient's constitutional remedy. This remedy should not be changed so long as the curative action can be maintained. Even if the symptoms have been changed do not change the remedy, provided the patient has continuously improved. If the patient says he has improved continuously, and though it would be impossible for you, at this date, from the present symptoms, to select that remedy, hold on to that remedy, so long as you can secure improvement and good from it, though the symptoms have changed. Many physicians say: "If the symptoms change, I change the remedy." That is one of the most detrimental things that can be done. Change the remedy if the symptoms have changed, providing the patient has not improved; but if the patient has improved, though the symptoms have changed, continue that remedy so long as the patient improves. Very often the patients are giving forth symptoms long forgotten. The patient has not heard them, or has not felt them, because he has become accustomed to them, like the ticking or the striking of the clock on the wall. Many of the symptoms that appear, and the slightest changes that occur, are old symptoms coming back. The patient is not always able to say that they are old symptoms returning, but finally the daughter or somebody in the house will delight you by saying that her mother had these things years ago and she has forgotten them. This is likely to be the case whenever a patient is improving. So long as curative action can be obtained, and even though the symptoms have changed, provided the patient is improving, hands off. Whenever in doubt, wait. It is a rule, after you have gone through a series of potencies, never to leave that remedy until one more dose of a higher potency has been given and tested. But when this dose of a higher potency has been given and tested, without effect, that is the only means you have of knowing that this remedy has done all the good it can for this patient and that a change is necessary.

There is another instance to be spoken of, and that is when the second prescription becomes a complimentary one. A second prescription is sometimes necessary to complement, the former and this is always a change of remedy. Suppose a little four or five year old child, a large-headed, bright, blue-eyed boy, is subject to taking cold, and every cold settles in the head with flushed face and throbbing carotids, etc., you say give him *Belladonna* and *Bell.* relieves, but it does not act as a constitutional remedy. He continues to have these headaches, which are due to a psoric constitution, and the time comes when *Bell.* will not relieve them; but upon a thorough study of the case, you find that when his symptoms are not acute, when he does not have this cold and fever, he does not have the headache and you see an entirely different remedy indicated. You study over the flabby muscles, and you find his glands are enlarged; that he takes cold with every change in the weather, like enough he craves eggs, and you decide that the case calls for *Calcarea*. The fact that *Bell.* was so closely related to him and only acted as a palliative further emphasizes it. It is a loss of time to treat more than the first or second acute paroxysms. Do not give *Calcarea* during the paroxysm, but after the wire edge has been rubbed off by *Bell.* give him that constitutional remedy that is complementary to *Bell.*, which is *Calcarea*. Many remedies associate with each other and become cognates after this fashion.

Then there are a series of remedies, as, for instance, *Sulphur*, *Calcarea* and *Lycopodium*. A medicine always leads to one of its own cognates, and we find that the cognates are closely related to each other, like *Sepia* and *Nux vomica*. A bilious fever in a *Sepia* constitution is likely to call for *Nux*, and as soon as that bilious fever or remittent fever has subsided the symptoms of *Sepia* come out immediately, showing the complementary relation of *Nux* and *Sepia*. If the patient has been under the influence of *Sepia* some time, and comes down with some acute inflammatory attack, he is very likely to run towards *Nux* or another of its cognates. The whole *Materia Medica* abounds in this complementary and cognate relation.

The second prescription also takes into consideration the change of plan of treatment. The plan of treatment consists in

assuming that the case is a psoric one; if looming up before the eyes, all the symptoms in the case and its history indicate psora. The treatment has probably consisted of *Sulphur*, *Graphites* and such medicines as are well known to be antipsorics. The symptoms have run to these remedies; but, behold, after you have made the patient wonderfully well, and you have effected marked changes in his system, so that the psoric symptoms have disappeared, he comes into your office with an ulcerated sore throat, with dreadful head pains and with the constitutional state and appearance that will lead you to say, "My dear sir, did you ever have syphilis?" "Yes, twenty or thirty years ago, and it was cured with Mercury." Now, the psoric condition has been subdued and this old syphilitic condition has come up. This, then, indicates a second prescription. You have to adjust your remedies to an entirely new state of things. So it is also with regard to sycosis; these states may alternate with each other. When one is uppermost, the other is quiet, so you have to change your plan of treatment according to the state of the patient.

No prescription can be made for any patient except after a careful and prolonged study of the case, to know what it promises in the symptoms, and everything that has existed previously. That is the important thing. Always restudy your cases. Do not administer a medicine without knowing the constitution of the patient, because it is a hazardous and dangerous thing to do.

WE ought to raise our superstructure on Hahnemann's own ground, in the direction which he has first imparted to his doctrine.—*Hering*.

THE day of the true knowledge of medicines, and of the true healing art, will dawn when physicians shall trust the cure of complete cases of disease to a single medicinal substance, and when, regardless of traditional systems, they will employ for the extinction and cure of a case of disease, whose symptoms they have investigated, one single medicinal substance, whose positive effects they have ascertained, which can show among these effects a group of symptoms very similar to those presented by the case of disease.—*Hahnemann*.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

CLINICAL CASES.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

Lac caninum is a remedy of such great value in the treatment of both acute and chronic miasms that it deserves to be faithfully studied by those who know but little of its sphere of usefulness. It is of service in disorders of every part of the body ; its indications are clean-cut and peculiar ; its action is always prompt and the results permanent.

The following cases are interesting, because they bring out some of the well-known symptoms of the remedy :

CASE I.

1900. Miss H——., age 24 years.

Jan. 28. Throat trouble for several years.

Subject to severe colds, which begin in the head and go to the throat and chest.

Has been under local treatment at a so-called homœopathic hospital in this city for six months, but with no relief.

Tonsils enlarged and covered with small, white, pearl-like bodies, situated within the crypts of the tonsils.

Throat feels dry and hot.

Itching in the roof of the mouth; must scratch it with the tongue.

Sensation of collar being too tight about the throat.

Sensation of fulness in the chest.

Cough, < at night.

Menses, too long lasting, profuse, accompanied by severe cramping, bearing down pains in the sides of the abdomen.

Chilly natured.

Lac can., *c.m.* one dose.

The throat symptoms were entirely gone within two months. The menstrual symptoms have also been greatly ameliorated, showing the depth of action of the remedy.

The most characteristic feature of a *Lac caninum* sore throat is that the membranes and soreness leave one side and go to the other repeatedly. At one time I cured a syphilitic sore throat where this symptom was strongly marked; the pain and soreness would suddenly leave one side and shift to the other.

The itching in the roof of the mouth causes us to compare it with *Puls.* and *Wyeth*, and suggests its use in hay fever. Its coryza, however, excoriates the nostrils and lips, while that of *Puls.* is bland.

The sensitiveness of the throat is similar to *Lachesis*. Both remedies also have a sensation of a lump or ball in the throat; great dryness or rawness in the throat; constant inclination to swallow with pain extending to both ears; amelioration from cold drinks and aggravation from sleep.

Lachesis can be distinguished by its left-sided complaints, its aggravation from hot drinks and its pronounced aggravation after sleep.

CASE II.

Mrs. G. (colored), age 54 years.

1899.

July 24. Rheumatism for six years; worse this past winter.

painful swelling of knees, with sensation as if knee-cap broken on rising.

pains in shoulders and fingers.

pains, < night in bed.

< damp weather;

not > by warmth.

Tongue white and flabby.

Perspires much.

Has been taking old school medicine, which has made her sore all over and caused her gums to be soft, red and sensitive, with profuse saliva.

Merc. sol. 6 m., one dose.

1899.

Aug. 23. Both knees painful now; last month only one.

Sharp pain from left shoulder blade, around chest under axilla.

< breathing.

< as soon as lies down in bed at night.

< motion of arm.

> lying on back.

Turns and twists all night.

Heart beats fast on lying.

Mouth better.

Sept. 4. Has been better.

Pain, swelling and soreness in the knees, feet and left arm.

Soreness all over the body.

Merc sol. c.m., one dose.

Oct. 14. Has the pain in left chest again, began in left side at the waist line and has moved up to left chest above breast.

Merc. sol. 6 c.m., one dose.

Oct. 26. The pains are more severe, attacking particularly the knees and feet.

Patient is now unable to move from her bed.

Heart symptoms much better.

The pain, swelling and redness attacks the right side one day and the left side the next.

This alternation of sides has been noticed for several days; the case is freeing itself from the drug incubus and taking on a form of order.

Lac can. 1 m., one dose.

Improvement was noted at once.

The remedy had to be repeated Nov. 3d and 30th.

Jan. 22. Several spots on chest and right shoulder; size of a grape; look like a burn which has healed.

rough, dry, itching.

Menses returned; first flow for 18 months.

Choking sensation in throat; old symptom 3 years ago.

Lac can. c m. had to be given in Feb.

At the present time the patient has no symptoms.

Lac caninum will take hold of a case of rheumatism and wipe the whole thing right out, if the symptoms agree. I remember one case where the pains were erratic; the soles of the feet burned like fire, and the patient wanted to sit with the feet in ice-water. The joints were swollen, red, very sensitive and relieved by bathing in ice-water. Lack of thirst. Mild, tearful disposition. Apparently indicated remedies were given without relief. Finally the pains were seen to alternate sides, one day the right knee would inflame, the next day it would be the left knee. Then it would be the right ankle, etc. *Lac can.* acted within ten minutes and cured the patient.

Be sure to think of *Lac can.* as well as *Puls.* and *Ledum.* when the patient wants to sit with the painful part in ice cold water.

SILICA.

MARGARET C. LEWIS, M. D., H. M., Philadelphia, Pa.

A case illustrating the tendency of Silica to expel foreign bodies by suppuration.
1898.

Jan. 8. Girl aged 17 yrs. Large, stout. Rough greasy skin. "Tendency to pimples."

Four weeks ago while walking on rough floor she ran splinters, through sole of shoe, into ball of r. foot; at that time a small splinter and one large one were removed; wounds bleed freely and healed at once. Now a sensitive spot over point where small splinter had entered; a "jagging" sensation; proud flesh forming; wound bleeds occasionally, only a drop or so; extremely sensitive.

Sil. 10 m.

Jan. 16. Proud flesh began to grow less at once and has all gone. Sensitiveness diminished at once. Clear, watery discharge for day or so. To-day, a splinter $1 \times \frac{1}{4}$ in. came from wound.

Later. Wound healed in few days and never any more trouble.

HAHNEMANN'S BIRTHPLACE.

Our illustration this month is a reproduction of a photogravure in Dr. Viller's *International Homœopathic Annual*, Vol. I. The description given by Dr. Villers is as follows :

"In the present volume we bring out the picture of the house in Meissen, Saxony, in which Hahnemann was born. The picture has been taken on purpose for the *International Homœopathic Annual*, and has not yet been published anywhere else.

"The house in Meissen in which Hahnemann was born forms the corner of the Hahnemann-place and the Newmarket. Since April 11, 1855, the house carries as a token a well-preserved iron memorial tablet, and the place on which it is situated has taken the name of Hahnemann-place. The 11th of April, 1855, was the day when, favored by the support of the Royal Saxon Ministry, the Central Association of German Homœopathic Practitioners celebrated in Meissen the centenary birthday of Hahnemann. We beg to say that not the traditional 10th but the 11th of April is the real birthday of Hahnemann, as has been ascertained by searching the registers. Hahnemann's father had bought the house in 1753 for 437 Thaler, and been in possession of it till 1782. Our picture represents it as it is now-a-days. The last two windows on the right hand side of the picture are those of the room in which, according to tradition, that spirit was born whose beneficial work ought to spread all over the world."

BËNNINGHAUSEN'S "AGGRAVATIONS AND AMELIORATIONS."

With this issue we give the first part of Bënninghausen's pamphlet on the aggravations and ameliorations of the homœopathic remedies proved up to his time. The translation is from the 2d edition and, so far as we know, the work has not hitherto been published in English. We give the pamphlet as it stands, not at-

tempting any corrections which might be made from more recent knowledge and extended observation of the remedies. It might be a good thing for one of our school to undertake the work of bringing this little "Contribution," as Bœnninghausen calls it, up to date, as the form in which it is issued is very convenient and the comparisons are quite instructive.

The preface, which will be published after we give Table III., contains the following paragraph explanatory of the letters used to designate the gradings:

"The following three tables contain a comparative survey of the action of all remedies. up to this time proved with a certain degree of perfection on healthy persons, according to the time of day, the situation and circumstances, and according to the condition of mind excited by them. In all three the order of their rank is denoted by the first five letters of the alphabet, so that the letter *a* designates the most decided, predominating and manifest action, having nothing contradicting it; the letter *c* indicates that the remedy has an equal action with reversed time or circumstances, and the letter *e* the last or most subordinate place. The letters *b* and *d* denote the intermediate state, so that *b* approaches to the highest rank and *d* to the lowest. When no letter is given, it signifies that nothing has been found in the pure effects pertaining to that modality."

PERSONALS.

Dr. Josephine Phelps has removed to 6635 Germantown Ave., Germantown.

Dr. Julia C. Loose has removed to 100 North Second street, Harrisburg.

Dr. Prudence Fenneman has opened an office at 152 High street, Hamilton. O.

Dr. Eleanor Beatty has removed from Fowler, Ind. to Pana, Ill.

Dr. Linnæus A. Smith has returned from Jamaica, B. W. I., and is now located at 3826 Baring street, Philadelphia, Pa.

TABLE I.

The Action of the Medicines
in Producing Their Symptoms
According to the
Time of Day.

8 THE ACTION OF THE MEDICINES IN PRODUCING THEIR SYMPTOMS ACCORDING TO THE TIME OF DAY.

Name of the Remedy.	Morn- ing.	Fore- noon.	Noon.	After- noon.	Eve- ning.	Night.	Be- fore Mid- night.	After Mid- night.
Viola odorata . .	a	—	—	—	—	—	—	—
Viola tricolor . .	c	b	—	a	b	a	—	—
Zincum	c	e	e	b	a	d	—	—

TABLE II.

**The Action of Remedies in
Aggravating or Ameliorating Their
Symptoms According to
Circumstances.**

Name of the Remedy.	Touch.		Motion.		Rest.	
	Agg.	Amel.	Agg.	Amel.	Agg.	Amel.
Laurocerasus	d	b	b	d	d	b
Ledum	a	—	a	e	e	a
Lycopodium	a	—	d	b	b	d
Magnesia carb.	a	—	d	b	b	d
Magnesia mur.	a	—	d	b	b	d
Magnetis arct.	a	—	b	d	d	b
Magnetis austr.	a	—	a	e	e	a
Manganum	c	c	b	d	d	b
Menyanthes	e	a	d	b	b	d
Mercurius	a	e	d	b	b	d
Mezereum	a	e	c	c	c	c
Moschus	—	—	—	a	a	—
Mur. acid	e	a	e	a	a	e
Natrum carb.	a	—	d	b	b	d
Natrum mur.	a	e	b	d	d	b
Nitric acid	a	e	b	d	d	b
Nux vom.	a	—	a	e	e	a
Oleander	b	d	c	c	c	c
Oleum anim.	e	a	b	d	d	b
Opium	—	—	e	a	a	e
Paris	a	—	d	b	b	d

AMELIORATING THEIR SYMPTOMS ACCORDING
STANCES.

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Sitting.		Lying.		Open air.		Indoors.		Heat.	Cold.
Agg.	Amel.	Agg.	Amel.	Agg.	Amel.	Agg.	Amel.	Agg.	Agg.
—	—	c	c	—	—	—	—	—	—
a	e	e	—	a	—	—	—	c	a
c	—	c	—	a	—	—	—	—	a
c	—	c	—	a	—	—	—	a	—
c	—	c	c	—	—	—	—	—	a
c	e	b	—	a	—	—	—	—	a
d	—	b	—	a	—	—	—	—	a
c	—	c	—	a	—	—	—	—	a
c	—	c	e	a	e	e	a	c	c
b	—	d	e	a	—	—	—	c	c
b	—	d	—	a	—	—	a	—	—
a	e	d	e	a	—	e	a	—	—
a	—	e	e	—	—	—	—	—	—
a	e	e	e	c	c	—	—	—	—
c	—	c	e	a	—	—	—	—	—
c	—	c	e	a	—	—	—	e	a
—	e	a	—	a	e	—	a	—	—
—	—	a	—	—	—	—	—	—	—
c	—	c	—	a	—	—	—	—	—
b	—	d	—	a	e	—	a	—	a
—	—	—	—	—	a	a	—	a	—



HAHNEMANN'S HOUSE IN COETHEN.

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DEPARTMENT OF MATERIA MEDICA.

BUFO.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.*

The little glands along the back of the toad's neck, when squeezed with forceps, ooze a secretion which is soluble in alcohol and has been proved ; this is the subject of our talk this morning. Bufo is a wonderful medicine ; it is full of vital symptoms, full of nerve symptoms ; it profoundly affects the mind and especially the intellectual faculties, inducing confusion of mind and loss of memory until the patient gradually goes towards a state of imbecility. The greatest use of this medicine will be found in nervous conditions, throbbings, jerkings and spasmodic condition of muscles, ulceration of the skin and mucous membranes, and all this in such patients as are tending towards a state of imbecility, a state of confusion or weakness of mind. This imbecility is more frequent in Bufo than the active states of insanity or mania, yet these crop up occasionally through the remedy.

The first symptom in the text reads, "Desire for solitude in order to practice masturbation." This alone throws a flood of light upon the nature of the remedy ; the low-mindedness, the lack of government, the lack of control over the sexual longing, and the low-mindedness whereby he is willing to abandon himself to the lower things that are in the human race, to perverted

*Stenographically reported by Dr. S. Mary Ives.

practices and vices. It tells a great story. "Whimpered, then cried, until he fell into a state of coma." These states, as brought out clinically, are manifested in adult people who act as if they were children. An aspect of child-like simplicity is present and the mind returns to a state of child-like innocence. An adult takes on the ways of a child, as a state of imbecility. This mental state is especially found under *Baryta carb.* in adults who have never developed beyond childhood, who have always remained children. A person reasons like a child, talks like a child, whimpers like a child, cries like a child, wants to be petted like a child; so it is in *Baryta carb.* We find this state of mind in children who have developed epilepsy, but we do not prescribe this remedy on account of the epilepsy; the child has not developed properly, and the epilepsy is only one of the manifestations. The cause is far back, and is really the psoric miasmatic condition. Thereby the mental state has not developed, the child has not grown up into a man or woman in intellectual attainments or wisdom, and remains as a whimpering, screaming child. This lack of development I say is found in Bufo and in *Baryta carb.*; they are related to each other, in that the child-like state remains while the body grows. We see in these medicines the fear and simplicity that belongs to the child; always sickly, deficient, never reaching adult fulness or growth, always a child. "How much like a child that woman appears," or "How much like a child that man is." We say that of some old people, they are so childish. The old routinists have said of those people who are prematurely old or have taken on senility, that they need *Baryta carb.* This medicine also stands out in bold type for those prematurely senile; the man at fifty acts like an old broken-down man of eighty; he has lost all he had five or six years ago, and has taken on a child-like simplicity and innocence, an appearance of imbecility. Then it is that we think of this medicine. *Baryta carb.* has hitherto been the leading one, but Bufo is also very important. "Left his bed after apathy and ran like mad through the house." There it branches off from the condition of imbecility to that of excitement of mind. Most of the Bufo patients will be passive, placid, not in a state of excitement or mania, but passive in everything. Feeble-minded, simple, child-like.

"Weak memory and idiotic." "Long for solitude, yet dreads being alone." "Angry, bites at surrounding objects" "Easily laughs or cries." It has been used in delirium tremens, during the stages of excitement and mental prostration, biting and grasping things. "Titters;" now that is an expression that is more expressive than to say she laughs, she titters at every little thing that is said. Titters and sniggers and says foolish things; titters over things that are not laughable, that are not ridiculous; everything said seems to be funny to this simple, child-like woman. You know a child laughs and is merry, but we do not expect such things in adults except when what is said is particularly ridiculous. "Easily laughs or cries;" easily affected, an extremely sensitive, nervous nature. Again, the most extreme anxiety, night and day, anxiety, wringing the hands and talking about something awful that is going to happen when there is nothing to happen; some awful event, some terrible thing in the future, it is all darkness and despair, walks the floor and wrings the hands and says over and over the same awful things that are going to take place, when in reality the future is safe and there is nothing to be anxious about. This occurs in cases of insanity, Those that are approaching imbecility are passive, they have a lack of comprehension of things around; but those that are going into insanity have an increased imagination of the ten thousand things that surround them. We must distinguish between a state of imbecility and a state of insanity.

"Becomes angry if misunderstood." This is approaching insanity. It is well known to medical men and to the courts that these conditions of insanity intermingle in the human race with epilepsy, and that an epileptic is not always held responsible for murder, because it is so well known that the epileptic state of the body is not confined merely to the spasms of the muscles, the sudden falling, foaming at the mouth. clonic spasms, biting of the tongue, etc. These alone do not constitute all of epilepsy. The epileptic suffers from an underlying psoric state, which in one is a state of imbecility and in another a state of epileptic manifestation, and in another a state of insanity. Those who inherit this peculiar constitution, even in one family, exhibit it in different ways; one will be insane, another an imbe-

cile, another will die of cancer and another will be an epileptic. Bufo underlies such a constitution; it is an antipsoric, it is a deep-seated, vital remedy; it goes to the very heart and interior of man's physical nature, and from this mental state it may manifest itself in his ultimates, the fingers and toes, eyes, ears, etc., so that even the touch is disordered. There are patches upon the skin that have loss of sensation and others with increased sensations. Spasms of various muscles, sometimes local spasms and sometimes complete epileptic spasms with bleeding at the mouth, unconsciousness, falling down. Besides such grave states, it has milder states that may be called mere dizziness or vertigo. The milder conditions of dizziness have gone on to sudden falling and collapse, a sudden state of unconsciousness with spasms and biting of the tongue. In the proving we find attacks of apathy and partial coma; numbness of the brain. So we see in the text that we have conditions ranging from mere dizziness to a complete and profound epilepsy. The study of this remedy may reveal to you something of the nature of epilepsy. From the books you can get no knowledge of epilepsy. From the allopathic treatises on epilepsy you will only get the appearance of the fit, and the fit is treated as epilepsy. They hunt for remedies to subdue and control the fit, thinking when they have done that they have cured the patient. They feed these patients Bromides in large doses and now and then they branch off into some side issue, but go back to the Bromides and stupefy and make imbeciles of their patients. The Bromides have created more imbeciles than all other medicines in the books, and it is only because of their ability to produce this increasing state of imbecility that they have been able even in a measure to control the muscular contractions. They are violent substances and should be used by the human race only in the homœopathic form and when indicated.

"Congestive headache." This is only an upward rush of blood from the heart. Spasmodic conditions of the blood vessels, and by this means there is a rush of blood to the head. Again, its action on the circular fibres of the abdominal aorta furnishes a key-note in epilepsy. An awful sensation of anxiety is felt in the abdomen and then there is a sudden loss of consciousness; the aura or warning is first felt in the abdomen. Some writers have

described it as in the solar plexus, but it is generally due to spasmodic action of the circular fibres of the abdominal aorta, or some of its branches. The awful sensation occurs as an anxiety and then he falls.

"Cannot bear the sight of brilliant objects." "Amaurosis," etc.
"Pupils largely dilated and unaffected by light before attack."
"More acute vision."

It has spasmodic conditions of the eye, but increased vision and diminished sensation, and lastly a tendency to profound trophic disturbance. Little blisters form upon the eye. These little blisters also form upon the skin, and the integument is thrown off and there is no healing. Ulcers will form upon the cornea. "Eyes become highly injected." All sorts of paralytic conditions of the lids. There is disturbance of all the senses. "Music is unbearable." One who is in a natural state is expected to be made happy and enjoy beautiful music, whereas in this remedy music brings about a state of anxiety. The sense of hearing is so violently exaggerated that every little noise is distressing. "Purulent otorrhœa." "Swelling of the ears, of the parotids."

"Phlegmonous erysipelas about the face." "Falling out of the teeth" in the peculiar disease known as Rigg's disease.

"Stuttering and stammering; gets angry when incoherent speech is not understood." "Biting the tongue." "Tongue cracked, bluish-black." "Mouth wide open before an attack," showing that the spasm is coming on; and this condition increases so that when the attack is not on, he drops the jaw and looks stupid as if he had forgotten everything. Bufo often corresponds to lesser attacks resembling vertigo. In this state people fall, and for a few seconds everything is a blank, or sometimes they do things automatically in these moments. A person, in this mild form of epileptic vertigo, will hardly show anything, but he will sometimes come to a perfect standstill and then go on as if nothing had happened. What occurred during that attack he knows nothing of. Sometimes he will continue right on doing what he was doing, and nobody will know of the spell. Sometimes when driving he will turn his horses around, and when he comes to himself he will know by this that he has had one of his attacks. Quite a number of medicines have produced that con-

dition of the mind, a state in which he goes on doing things automatically.

"Vomiting after drinking." "Yellow fluid in vomit." "Vomiting of bile or blood." "Spasms end by convulsive movements in abdomen." It says in the text, "The attack originates in abdomen;" that is, he has a feeling of anxiety in the abdomen previous to the attack.

"Hemorrhoidal tumors." "Urine passes off involuntarily." The urine passes involuntarily in such as are becoming imbeciles from the epileptic attacks, in approaching softening of the brain, which is really what is taking place, a form of softening, a lowered form of integrity.

As you might suppose, there is great disturbance of the sexual organs; this is usually the case in insane people. Sometimes the sexual organs are in a state of excitement and sometimes in a state of impotency; but the patient is low-minded; inclination to carry the hand constantly to the genital organs. "Semen is discharged too quickly without pleasurable sensation." Spasm or epilepsy comes on during coition. It has also inflammation of glands, especially about the groins, such as are found in syphilis.

In the female sexual organs burning is the most striking feature; burning in the ovaries and uterus. It is one of the most troublesome symptoms you will have to contend with, when a case of dysmenorrhœa has burning in the ovaries and in the pelvis, at the coming on or during menses. Burning in the genital organs, in the ovaries and rending, tearing pains that extend down the thighs. This forms a troublesome kind of dysmenorrhœa, especially when there are cysts and hydatids about the ovaries. Some will tell you that these cannot be cured. Do not believe them! All these conditions are curable! "Burning heat and stitches in ovaries" "Distending, burning pains or cramps in uterus." This remedy has been a great palliative for these awful burning pains that occur in carcinoma of the uterus; stitching, rending, tearing pains in carcinoma of the uterus, when the pains run outwards into the legs, with ulceration of the uterus and cervix; tearing, stinging pains and bloody, offensive leucorrhœa. Bufo is full of offensive discharges; bloody, offensive leucorrhœa. You would think you had the

odor of gangrene or gangrenous erysipelas in the room from smelling these discharges. "Enormous blisters upon tumefied uterus, discharging a thin serous, yellow fluid." This occurs in epileptic states.

"Menstruation suppressed," "too early with headache;" "burning in uterus and vagina." "Spasms occur just before menses." That is, girls who are subject to epilepsy have increase of spasm at the time of menses, sometimes before, sometimes during. "Attacks worse at time of menses." "During menses contractive pain in liver." "Yellow fluid leucorrhæa."

Bufo has been a great palliative in cancer of the mammæ, for the burning pains and for the blisters that form roundabout; large, yellow blisters; blisters that fill with yellow serous discharge; it has been especially useful when the milk is mixed with blood. Bloody milk. It corresponds to the low forms of inflammation of the blood vessels, like milk leg, when the veins feel like whipcords in the thighs.

"Burning, excoriation in larynx." You see how burning runs all through the remedy; it occurs wherever there are inflammatory conditions or where nerves are sensitive and painful, and, strange to say, the nerve sheath becomes painful and sensitive to touch along its course; hence its use in sciatica and other inflammatory conditions of large nerves.

"Violent cough with vomiting." Cough with gagging and retching. Expectoration is bloody or formed of pure blood. Sensation of coldness in chest. "Burning like fire in lungs." Burning extending up into the larynx; gangrene of the lungs. "Laryngitis, hæmoptysis." Burning in the chest with all these affections, such as have been described. It has the phthisical constitution when the epilepsy has been turned aside by strong drugs. It has the phthisical constitution when discharges have been suppressed, by closing fistulous openings, or by stimulating ointments. It has those low forms of disease which must develop when outward manifestations have been suppressed. The constitution that belongs to the very nature of the individual will come out in epilepsy, in insanity, in imbecility, in cancer, in some one of the low forms of disease. This medicine corresponds to a low type and constitution. The nature of the Bufo constitution is such

that it is capable of giving out symptoms similar to those produced by low forms of disease. He is not likely to live to be old, he is likely to break down at forty. She comes to her end by cancer of uterus or breasts, or by imbecility. He comes to his end with low forms of disease, malignant manifestations. This medicine, therefore, goes into the very life. Children develop an unusual tendency to low forms of disease; they do not possess a good healthy nature, a good sound brain; but they are feeble, they break out with eruptions, they go into consumption. Persons of twenty-five to thirty have a tendency to break down, and when the symptoms look like those of Bufo this medicine will, in a wonderful way, make that constitution all over. It will turn things first topsy-turvy, and increase the discharges, and fistulous openings will come. Such cases as these only get well by a violent turmoil and by tremendous aggravations. They require a shaking up from the very foundation, and sometimes they run off and leave their doctor, the only one on the face of the earth that can cure them. Do not be frightened off, do not desist from your business because somebody has an aggravation; he will get up in spite of that. When we approach these diseases by easy stages (and sometimes that is the best that can be done), the patient does not get so much disorder or excitement, but is not cured so radically. I have known such medicines as this given to such a constitution and diseases would appear in various parts of the body. Old diseases would re-appear, old gonorrhœas would be brought back, and old syphilitic states come up, ulcers attack the mucous membranes, etc. Such turmoil is likely to occur when you get a deep-seated medicine, such as brings all the disease out that was lurking within.

"Attacks ushered in by a jerk in nape of neck." "Swelling of bone size of fist." "Arms became stiffened before an attack." "Numbness of left arm." "Blister in hand, which recurred annually." "Panaritium." A great many troubles occur in the extremities; paralytic affections, etc.

A warm room is unbearable; headaches and flushes of the face are made worse in a warm room or when near the stove; better from bathing or in cold air. Complaints better from putting the feet in hot water.

Trembling. Some of the epileptic attacks occur with regular periodicity, others occur irregularly. We have no remedy for epilepsy. Does that mean we must leave the human race to go on and suffer with epilepsy? We do have plenty of remedies for people who have epilepsy, so that they can be cured; but we have no remedy for epilepsy. Homœopathy does not proceed in that way.

After what has been said concerning the nature of this remedy, I am sure you will read the symptoms with a great deal of interest. When you read the symptoms, they will cling around the constitution and nature of such individuals and such states as have been described. This is one of the remedies that you will need to use for the development of feeble-minded children whether there are spasms or not. I have seen wonderful things in children who really had no recognition, almost idiots, low-minded.

PERSONALS.

Dr. R. Percy Vivian has removed to 633½ Spadina Ave., Toronto, Canada.

Dr. E. J. Beardsley has removed from Champaign, Ill., to Fowler, Ind.

Dr. O. T. Huebener has removed to 231 Lancaster Ave., Lancaster, Pa.

Dr. Margaret H. Beeler has removed to 1422 N. Tejon street, Colorado Springs, Col.

KENT'S LECTURES ON HOMŒOPATHIC PHILOSOPHY. Lecture XXXVII in this issue is the last of the course in Homœopathics. The lectures will be published somewhat revised, as a text book of homœopathics within the next few days. They will form a 300 page book and can be ordered through the JOURNAL. The price is \$3.00.

HAHNEMANN'S HOUSE IN CÆTHEN. Dr. Alexander Villers of Dresden, kindly forwarded to us the photograph of Hahnemann's dwelling which we present this month. It was in this house that Hahnemann resided from 1821 to 1835, after the stormy days in Leipsic.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXVII.

DIFFICULT AND INCURABLE CASES. PALLIATION.

While Homœopathy itself is a perfect science, its truth is only partially known. The truth itself relates to the Divine, the knowledge relates to man. It will require a long time before physicians become genuine masters in this truth. In Switzerland the children have been raised for centuries to the knowledge that is necessary to make watches perfectly, they have been raised, as it were, in the watch factories. Now, when Homœopathy is hundreds of years old, and little ones grow up into the knowledge of it and observe and practice it, our successors will acquire knowledge that we do not possess now. Things will grow brighter as minds are brought together and men think harmoniously. The more we keep together the better, and the more we think as one the better. It is a pity that differences should arise among us when we have so perfect a truth to bind us together.

It is very rarely the case that among the symptoms of our remedies not one is to be found which corresponds to the characteristic features of a case. It was rarely so in Hahnemann's day, and it is certainly very rarely the case with our voluminous *Materia Medica*. Beginners, of course, are obliged to rely very largely upon the repertories. This one thing you can depend upon, the image of the patient's illness becomes more simple when you have done your best to prescribe one remedy after another. In these difficult cases, when you have zig-zagged the

* Stenographically reported by Dr. S. Mary Ives.

patient for a number of years, you will find his symptoms become more definite and striking and more clearly understood. Sometimes when I have worked faithfully upon a patient for a long time, and have given several remedies, and the patient has partially improved, she has become disappointed and run off to somebody else, but would come back again and say I had done more for her than anyone else and she would try again. I have found in such instances that time has done much, and that I had little trouble then to grasp the case and make rapid progress. In addition to that, she comes back with a patient state of mind, which is more helpful to the physician than to her. The confidence of the patient helps the physician to find the right remedy. His mind works much better when he feels he is trusted; the confidence of the patient sharpens his intelligence.

Closely analogous to these cases are what may be called alternating complaints and one-sided complaints, those that show but one side. It is not uncommon for a patient's malady to have two sides—one side being manifested when the other side is not. Eye symptoms may be present when the stomach symptoms are absent. You may find that *Euphrasia* is more sharply related to the eye symptoms than the antipsoric that fits the whole case, and that *Pulsatilla* fits the stomach symptoms much better than the antipsoric that fits the whole case, but remember that there is one antipsoric that is more similar to the whole patient than these special remedies, because it is better fitted to the generals. The oftener you prescribe for different groups of symptoms the worse it is for your patient, because it tends to rivet the constitutional state upon the patient and make him incurable. Do not prescribe until you have found the remedy that is similar to the whole case, even although it is clear in your mind that one remedy may be more similar to one particular group of symptoms and another remedy to another group. Very often a remedy that will go to the very centre and restore order to the economy will cause quite a turmoil. These alternating and one-sided complaints are sometimes dreadful to manage, and when everything is thrown to the surface or the extremities, *e. g.*, when gouty and rheumatic symptoms have an outward tendency, the patient will run off and leave you. Incurable complaints will

trouble any physician. The allopath has the means of putting the patients under the influence of strong drugs and making them imagine that something is being done to their benefit, whereas injury is being done whenever they are patched up by strong drugs. It is unaccountable, therefore, that some of our homœopathic practitioners make use of palliatives that are so detrimental to the patient.

The physician who applies the single remedy in potentized form under the Law of Cure any length of time will be easily convinced that there is no other way of palliation that holds out any permanent hope for the patient. Opium will sometimes relieve pain, stop diarrhœa, and mitigate cough, but woe to the patient. It so annuls reaction that there is no possible development of the symptoms that are necessary to indicate what homœopathic remedy the patient needs, and while the pain is stopped the patient is not cured. What has been said of Opium is as true of all drugs given to relieve pain. When an opiate must be given, let it be clearly understood that a cure of this patient is abandoned. What thoughtful physician will abandon the hope of a cure during painful sicknesses so long as life endures. In consumption and cancer and wasting sickness the remedy that is most similar to the painful groups of symptoms will ever give the most relief and it is a forlorn hope that tempts its abandonment.

A SYNOPSIS OF HOMŒOPATHIC PHILOSOPHY.

DR R. GIBSON MILLER, Glasgow, Scotland

[Feeling the necessity of having in a concise and accessible form the various sub-laws and rules of Homœopathy, I recently prepared for my own use the following arrangement of them. Dr. Kent very kindly revised the MS. and made a number of valuable additions, and also suggested that it might be of service to others if published in the Journal :]

CLASSIFICATION OF DISEASE.

All non-surgical diseases belong to one of the following classes:
(A) Acute. (B) Chronic. (C) Those due to the use of drugs, living under unhealthy conditions etc.

ACUTE DISEASES.

- (1) Acute diseases are self-limited. and, provided no treatment is pursued, they end in resolution or death.

This being so an acute disease can have no sequelæ—the so-called sequelæ being manifestations of one of the chronic miasms roused into activity by the acute disease.

- (2) Acute diseases may be stopped at any stage by the similar remedy.
- (3) In acute infectious diseases all infection ceases as soon as the simillimum is given.
- (4) The best prophylactic in acute disease is the epidemic remedy.
- (5) When a trivial *acute* disease supervenes during the treatment of a chronic one it is advisable to use the indicated remedy in a *low* potency; for if this is done, it will often be found after the acute disease has been cured that the deep-acting remedy has not been interfered with by the short acting one, and that it still continues to act. [This is unlikely if the acute disease is severe. If it is a severe acute disease don't expect this, and give the remedy in potency.—K]
- (6) After the cure of the *acute supervening* disease it is advisable before repeating the remedy for the chronic disease to make sure that the chronic disease has not been modified by the treatment of the acute one or by the acute disease itself and now to call for a different remedy from that formerly needed.
- (7) When the acute disease has been modified by allopathic or inappropriate homœopathic remedies it is usually advisable to prescribe for the case as it now stands rather than according to the original symptoms.
- (8) *Acute* exacerbations of *active chronic* disease must be treated in a different way from that of an acute supervening disease, provided any remedy is required at all. Frequently the acute complement of the deep acting remedy required by the chronic disease is the suitable one, but if only an antipsoric is called for it is better not to give any medicine.

- (9) Commonly, when the chronic disease is only partially active, as shown by the patient being apparently in good health except that slight causes give rise to frequent, acute attacks of illness, the knowledge of the remedy for these acute manifestations will enable us to select its complementary deep acting remedy and so permit the cure of the chronic underlying disease.

CHRONIC DISEASES.

- (1) Chronic diseases are characterized by their progressing from without inwards and from below upwards, and that while the symptoms may vary they never disappear in the reverse order to that in which they came.
- (2) So far as is at present known there are only three chronic diseases, viz., Psora, Syphilis and Sycosis.

These diseases may be active or latent.

They may be present in three ways, viz.:

- (a) A single miasm.
- (b) Two or three miasms co-existing, but separate and only one active at a time.
- (c) Two or three of the miasms may form a complex and this may be further complicated by a drug disease.

If two or more miasms form a complex the proper remedy will dissociate them and then the most active must be attacked; but the greatest caution is needed, as a mistake may cause them again to combine, and they will never again be separated.

- (3) These chronic diseases often remain latent for long periods, but are apt to be roused into activity by acute diseases, unhealthy surroundings, grief, etc.

While latent their symptoms are very similar, and the patient may only feel ill in an indefinite way.

The nosodes of these diseases are frequently of great service in rationalizing the symptoms of such cases, and thus enabling the appropriate remedy to be found.

- (4) These diseases are always taken at the stage in which they exist in the already infected person. For example, the wife of a man with secondary syphilis will take the disease at that

stage and not in the primary or chancre stage. [K. in J. of H., March, '99.]

- (5) A man with syphilis or sycosis may fail to infect his wife if she is suffering from some other but dissimilar protecting chronic diseases such as phthisis, for dissimilar diseases repel one another.

THE TOTALITY OF THE SYMPTOMS.

As our sole guide in the choice of the curative remedy is the totality of the symptoms, it is necessary to inquire what is meant by the totality.

In acute disease every symptom experienced by the patient or observable by others is to be included in the totality ; also any cause, such as wetting, fright, etc., and circumstances aggravating and ameliorating.

As an acute disease never forms a *complex* with a chronic one, the latter being suppressed until the former one has run its course, care must be taken when ascertaining the symptoms of the acute disease not to take into account old symptoms which belong to the chronic disease. But in some cases of acute disease, SYMPTOMS of the chronic disease remain, and are active during the acute disease ; such chronic *symptoms* are peculiar because they have not disappeared, and very often are guiding to the cure of the acute disease ; while the remedy will have no relation to the chronic disease. yet that peculiar symptom will stand out and guide you to the remedy that will cure the acute disease ; such symptoms are peculiar to the patient. [K., Medical Advance, January, 1890.]

In chronic disease the totality includes all symptoms experienced by the patient since birth, excluding these arising during acute disease. While theoretically it is proper to include all such symptoms, yet great caution must be used. (1) Some other chronic miasm may have been acquired during life, or (2) the symptoms may have been so perverted by inappropriate treatment that they do not truly represent the disease. [K., J. of Hom., July, 1899.] When the symptoms have been much perverted by inappropriate treatment we can *sometimes* get a sure foundation on which to base a prescription by taking the symptoms as ex-

perienched by the patient before this inappropriate treatment was commenced.

This investigation into the former symptoms of the patient is frequently of great service when the presently existing symptoms do not point clearly to any remedy. For example, in an adult with neuralgia of the limbs, where present symptoms are not guiding, if we find that in infancy he had scald-head like that of Mezereum, and we now examine the neuralgias produced by that remedy, it will often be found that they bear a close resemblance to that of the patient, and it will probably prove curative and reproduce the original eruption.

It frequently happens that, when we search for the totality of the symptoms, we find they have been so perverted or suppressed by inappropriate treatment that these now present do not present a *true* picture of the internal disease. For example, take a case of gonorrhœa suppressed by Argent. nit., and on examination there will be found a pretty full picture of Medorrh. and a partial one of Arg. nit. and probably Natr. mur.

[In all such cases we must prescribe upon the symptoms if possible, but if the case does not respond and the suppressing drug is known, it is sometimes advisable to select a remedy competing which has an antidotal relationship.—K.]

In determining the totality, especially with regard to former symptoms in chronic disease, it is also necessary to ascertain whether *one or more miasms* are present, as it is useless to attempt to find a remedy for all the symptoms when there is more than one. In such cases, as a *rule*, only one miasm is active at a time, and the treatment must be directed against that one. When two or more miasms form a complex we must endeavor to separate them.

[The symptoms are the only guide to the separating of the miasms. The road to death is by more complexity, and any remedy that improves the patient will cause a simplification or separation of the miasms.—K.]

THE SELECTION OF THE REMEDY.

Having then determined the totality of the symptoms, we must now search for the remedy that has produced symptoms most similar to those observed in the patient. Theoretically we en-

deavor to discover a remedy whose symptoms exactly correspond in character and grade to those of the patient; but this can rarely if ever be done, and accordingly Hahnemann directs that in searching for the homœopathic specific remedy we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary* and *peculiar* (*characteristic*).

It is especially those symptoms that are *peculiar to the patient* and not to the disease that are to be our guides. For example, the characteristics of dysentery are bloody discharges, pain and tenesmus; but if fainting accompanied every stool, that would be peculiar to the patient, not to the disease, and hence guiding.

In determining what are characteristic symptoms of the case the following rules and cautions are of importance, viz.:

- (1) The characteristic symptoms must be equally well marked, both in the patient and in the remedy. In other words, no matter how peculiar a symptom may be either in the patient or in the remedy, unless it is distinctive and outstanding we must pay little heed to it.
- (2) No one symptom, however peculiar it may be, can be our true guide, for, unless there is a general correspondence between the symptoms of the patient and the remedy, failure will result. Those single peculiar symptoms are, however, invaluable in suggesting special remedies as being worthy of examination.
- (3) General symptoms, or those that affect the whole body, are of very much higher rank than particulars which only relate to special organs; so much so that any number of particular symptoms can be overruled by one strong general.

What the patient predicates of himself is usually general, as when he says, "I am thirsty," meaning that his whole body is so and not any one special organ.

General symptoms, however, are of different grades of value. In the highest rank must be placed all mental symptoms, if at all well marked, and of these all symptoms of the will and affections, including desires and aversions, also irritability and sadness, are the most important. Of less importance are disorders of the intelligence, while those of memory rank lowest of the mental symptoms.

Amongst general symptoms are to be included those in connection with sleep, dreams, the menstrual state, also, the effects of the weather and sensitiveness of the patient to heat and cold.

The special senses are so closely related to the whole man that their symptoms are often general. For example, when a patient says the smell of food sickens him it is a general symptom, whereas an imaginary bad smell in the nose would be particular.

We frequently find on examining the particular organs that some symptom or modality runs strongly through them all, and may be predicated of person himself, so that here we have a general made up of a series of particulars.

- (4) Care must be taken not to mistake a modality for a symptom, yet circumstances affecting many symptoms become leading characteristics of the patient and hence are important.
- (5) The skin being the outermost part will yield the least important symptoms.
- (6) In organic disease and in many affections of the female genitals we can place little reliance on the local symptoms.
- (7) A tumor or other pathological condition is no guide to the curative remedy; for in the first place it is not the disease itself, but its result, and in the second place provings have not been pushed far enough to produce similar conditions.

PATHOLOGY.

While we must ignore pathological changes when choosing the remedy, yet a knowledge of true pathology is absolutely necessary.

- (a) We can only thereby understand the course and progress of the case.
- (b) We can thereby know the symptoms that are common to that special state, and hence those that are peculiar to the patient.
- (c) We also thereby know in certain diseases or at certain stages of diseases that no matter how similar the symptoms produced by some remedies may appear to those of the patient, yet, owing to the superficial character of their action, they

cannot prove curative. For example, in pneumonia, in the stage of exudation, while the symptoms may apparently call for Acon., we know that remedy cannot produce such a condition, and closer examination will reveal that some deeper acting remedy, such as Sulphur or Lyc., is needed.

- (d) Pathology enables us to decide, when new symptoms arise, whether they are due to the natural progress of the disease or to the action of the remedy.
- (e) We must clearly understand that it is the patient that is curable and not the disease, and without a proper understanding of pathology we are liable to err. Suppose a case of inflammation of a joint that has led to ankylosis. The suitable remedy will cure the inflammation, but will be powerless to break down the adhesions and surgical aid must be sought. The same holds good with regard to tumors, for when the patient is cured the tumor will cease to grow, and perhaps it may be absorbed, but very often it persists and must be removed by the knife.
- (f) Pathology also warns us that it is dangerous to attempt to cure certain conditions of disease, such as advanced tubercular phthisis, or where foreign bodies are encysted near vital organs. In such cases nature can only cure by suppurating out such foreign substances, and the exhaustion entailed by such an operation is often fatal.

CONCOMITANT SYMPTOMS.

It is a mistake to suppose that a remedy can cure groups of symptoms only in the order in which they appear in the proving. Often a remedy cures a group whose component parts were observed in different provers and often in quite a different order.

While this is so, experience teaches that certain groups of symptoms are apt to appear together, and when this is so they are more characteristic of the remedy.

Hering says that the comparative value of concomitants may be determined thus: If they are essentially concomitant, one being really the cause of the other (*e. g.*, lachrymation due to a general catarrhal condition), then this feature of the case must be considered; but if no such relation of cause and effect is observed it may be ignored.

EFFECTS PRODUCED BY THE REMEDY.

The remedy having been given it will affect the case in one of the following ways:

- (1) The remedy causes no change—either the remedy or the potency is incorrect.
- (2) Steady rapid improvement takes place without any aggravation.
 - (a) In such cases the remedy and potency have been exactly similar to the disease force.
 - (b) It may also mean that the disease has not been deeply rooted.

N. B.: There may be an almost complete removal of the symptoms, yet if the patient is not conscious of the elasticity of returning health it has been no cure, but only palliation.
- (3) A sharp short aggravation followed by quick improvement, and in this case the improvement is usually long lasting.
- (4) A long aggravation and final slow improvement.

This occurs chiefly in weakly patients, and there is great danger in repeating the remedy too soon.
- (5) A long aggravation, followed by slow decline of the patient.

These cases are incurable and only short acting remedies should be used.
- (6) A sharp aggravation, but the improvement that follows is very short lasting, especially when a deep acting remedy has been given—these cases are usually incurable.
- (7) Rapid improvement, but soon followed by an aggravation.

If the remedy was the simillimum the case is incurable, but if the remedy only corresponded superficially it may have acted palliatively.
- (8) The amelioration lasts a normal time, but a new group of symptoms appear and under another suitable remedy they disappear for the normal time and another new group of symptoms appear, yet in spite of the removal of group after group the patient steadily declines. This is especially observed in the old and feeble and such cases are incurable.

(9) New symptoms appear (not the return of old ones which have been experienced long before the remedy was given).

(a) If the new symptoms belong to the pathogenesis of the remedy the remedy is the correct one, and must be allowed to act. If the new symptoms are not known to belong to the pathogenesis of the remedy and yet the case rapidly improves, it is probable that further provings will show that they really do belong to it.

(b) If the new symptoms are due to the natural development of the disease, then probably the remedy has been wrong and has produced no effect.

These new symptoms may be due, however, to a natural crisis of the disease, such as epistaxis in typhus, and must not be interfered with.

(c) If the new symptoms, though numerous and violent, do not belong to the natural development of the disease (and the patient does not improve), then the remedy is the wrong one.

(10) An aggravation followed by the return of old symptoms. This is a very favorable state of affairs, and must not be interfered with, for no remedy is homœopathic to re-action. When the symptoms finally settle, if these old symptoms still persist, they must then be prescribed for, and are of the highest grade in the choice of the next remedy.

(11) There is improvement, but it takes the wrong direction. For example, an ulcer of the leg heals up under the action of the remedy, but hæmorrhage from the lungs comes on. This shows that the remedy only corresponded to part of the case, viz., the ulcer, and has really done harm.

(12) In some patients we get a proving of every remedy given. They are over-sensitive and very difficult to cure.

THE HOMŒOPATHIC AGGRAVATION.

In acute disease the homœopathic aggravation is not, as a rule, marked unless the disease has been severe and dangerous.

In chronic cases *without* tissue changes the aggravation is usually not severe, but when there are tissue changes there is almost invariably a marked aggravation usually with elimination through some of the natural orifices of the body.

In the former the aggravation is due to the medicinal disease, whereas in the latter it is due to an effort on nature's part to put matters right—a sort of housecleaning.

When the remedy does not correspond exactly to the disease symptoms we are not likely to have an aggravation (except in over-sensitives, where it is medicinal and not curative).

This is especially observable in feeble patients who, owing to their deficient vitality, are not able to produce any very guiding symptoms. [K., J. of Hom., May, 1900.]

THE REPETITION OF THE REMEDY.

The medicine must not be repeated until the action of the last dose is fully exhausted. In other words, there can be no fixed time as to when to repeat, each case must be judged on its own merits.

In acute cases it is comparatively easy to determine when the last dose has exhausted its action by means of the general appearance and mental state of the patient, and also to a less degree by the pulse and temperature.

In typhoid fever in vigorous patients Kent usually gives the remedy in water every few hours for several days, because it is a continued fever, but on the slightest sign of reaction stops the remedy.

On the other hand, he does *not* repeat the remedy in continued fever in a feeble patient.

In remittent fever reaction will appear in a few hours, and one dose is sufficient.

But in *chronic* cases it is not so easy, *for it is the rule and not the exception to have sharp, short exacerbations interrupting the improvement*, and we must be sure that the exacerbation is a permanent and not a mere passing one.

In chronic cases we know that the dose is still acting as long as old symptoms return, or, if the symptoms continue to disappear in the reverse order to that in which they originally appeared, or if they pass from internal organs to more superficial parts, or if they go from above down.

More cases are spoiled by too frequent repetition than from any other cause, and it must be remembered that an acute case may show no improvement for *three days* and some chronic ones for *sixty*.

When the vitality is very low, as in collapse, it is dangerous to repeat the dose.—K.

But when there is a lack of response to the remedy after allopathic drugging, which is really due to a sluggishness and not to a want of vitality, it is necessary to repeat oftener.—K.

Incurable disease requires more frequent repetition of the short acting remedies for palliation, and it is not advisable to use a higher potency than the 200th. [K., J. of Hom., Nov., 1897.]

Some antipsorics have also an acute action, and when indicated in acute diseases behave exactly like the short acting remedies.

When the remedy corresponds very closely to the disease the symptoms, after a reasonable time, will come back exactly the same or perhaps with the omission of one or two. In such cases all we have to do is to repeat the same remedy and potency until it fails to act, when another potency must be used. Unfortunately in chronic diseases it is rarely possible to select a remedy that corresponds with perfect accuracy to the disease, and consequently when the symptoms return they are somewhat changed; and frequent repetition of the original remedy will confuse the case, for it is possible to suppress symptoms by the too frequent use of even high potencies.

THE SECOND REMEDY.

The first remedy having done all that it can, we must proceed to choose the second one. If the symptoms came in the order a, b, c, d and e, and after a dose of an antipsoric remedy we find great improvement for 6 or 8 weeks, with the disappearance of symptoms e, d, c, and then a and b again increase and even e returns, but d and c have permanently gone; finally a new symptom f appears, so that we now have a, b, c, f; this last appearing symptom f is guiding and will appear in the anamnesis as best related to some medicine which has it as a characteristic. Hering says that this new symptom "f" will generally be found amongst the symptoms of the last given remedy, but only of low rank. It is on account of the appearance of this new symptom and the disappearance of d and e that the original remedy is now contra-indicated.

The second remedy must *bear a complementary relation to the*

first, and hence the last remedy, either homœopathic or allopathic, that has acted forms one of the most important guides in the choice of the second remedy.

If a case has been much drugged we are often forced to give Nux as an antidote. This giving of Nux, however, does *not* confine our choice of the remedy that is to follow to the 8 or 10 remedies which bear a complementary relation to Nux, for Nux has a wide range and after giving it the case will open up and you can give any remedy excepting *Zinc.*, which would have to be avoided.

POTENCY.

The minimum dose is as essential to Homœopathy as the law of similars.

The best results are only obtained when the disease force and the remedial force are on the same plane. This may explain why in some cases a low potency cures after the failure of a high. When a medicine needs repetition it should be given in the same potency as long as it will act.

If the remedy called for during an acute exacerbation is afterwards needed for the chronic condition it must be given in a different potency.

Very high potencies should not be used in incurable cases.

In certain oversensitives very high potencies instead of curing always cause provings, and such people do better with the 200th or 1m. When the patient has been long accustomed to the use of low potencies you do not always get good results from the higher potencies at first. Conversely the frequent proving of high potencies seems to develop a susceptibility and such provers obtain more and finer symptoms than those who have only proved low potencies.

In all periodic diseases, periodic either with regard to pain, convulsions or discharges, it is not advisable to give the remedy during the exacerbation, but immediately after it.—[K., J. of Hom., Sept., 1897.]

DIRECTION OF SYMPTOMS DURING CURE.

- (1) From within out.
- (2) Usually from above downwards.

- (3) In the reverse order to that in which they appeared.

This process goes on until the primary manifestations of the disease appears, whether it be the chancre of syphilis, the gonorrhœa of sycosis or the eruption of psora.

The original discharge may not come back at the original place, but from some other mucous membrane. It is also to be remembered that the miasms may be taken at any stage, and consequently if a woman takes syphilis from her husband in the sore throat stage we can only bring back the disease to that point and not to the chancre.

INIMICAL REMEDIES.

Remedies which are very similar in action either antidote one another or are inimical. *This latter relation only holds good provided the first given remedy has acted and to some extent influenced the case.* When the first remedy has taken possession, he is the proprietor, and this relation should be respected. If the first remedy has had no effect its inimical may be given with perfect safety.

Some remedies are inimical to each other in their acute sphere and others only in their chronic.—[K., Med. Adv., Jan. 9, 1895.]

MANAGEMENT OF ABNORMAL CRAVINGS.

In acute disease it is advisable to yield to the cravings of the patient, but in chronic disease they must *not* be indulged.

It is to be noted that when a patient has by long continued use become habituated to drugs, such as morphia, tobacco, etc., the homœopathic remedy *will, at times*, act in spite of the continued use of the drug; but, of course, the action is short lasting and imperfect.

CAUTIONS TO BE OBSERVED IN THE USE OF CERTAIN REMEDIES.

Certain remedies, such as Sulphur, Silicea, Phosph. and Sulph. ac., owing to their power of expelling foreign bodies, are very dangerous in some diseases, as these bodies can only be got rid of by suppuration. In far advanced phthisis with tubercular deposit or where healing of the diseased part with calcareous deposit has taken place, or when foreign bodies, such as bullets, are encysted near vital organs, this danger is a very real one.

There are two classes of symptoms in all advanced tubercular and suppurative lung diseases, viz., the toxæmic and constitutional; the chest pains, the hectic fever, the mental symptoms and dreams being toxæmic.

If one of this group of remedies, say Silicea, only corresponds to the toxæmic symptoms and not to the constitutional ones, it will palliate by subduing the toxæmic symptoms without doing any damage.

But, if prior to the formation of the tubercle, the patient suffered from weekly headaches coming up the back of the head, offensive foot sweats, sensitiveness to cold, etc., and, though these may have all disappeared even before the phthisis came on, the Silicea will prove a most dangerous remedy.—[K., J. of Hom., Nov., 1899.]

At times these remedies for the same reason are apt to cause damage after hæmorrhage into the brain or other important organs.

Ferrum and Acetic acid are dangerous in many cases of advanced phthisis, owing to their power of inducing hæmorrhage.

Ferrum in old syphilitics is apt to render ulcers phagedenic.

Antipsorics are apt to do harm in active syphilis, *i. e.*, as long as the syphilis is the uppermost miasm. But many antipsorics are also anti-syphilitics, and they are not to be excluded by the rule.

It is dangerous to stop the diarrhœa of advanced phthisis even by the indicated remedy.

Kali carb. is a very dangerous remedy in old gouty cases, but Kali jod. is often very beneficial.—K.

Arsenic is a very dangerous remedy in irritable heart, especially if organic, as it is apt to cause parenchymatous nephritis.—K.

Arsenic is a dangerous remedy in dysentery if not the exact simillimum, as it is very apt to spoil the case.—[K., Med. Adv., Nov., 1889.]

IDIOSYNCRASY.

Every one has some idiosyncrasy or peculiar susceptibility to certain influences. It is for this reason that only a few persons out of the many are affected when exposed to the infinitesimal noxia that cause disease. The sensitiveness of a sick man to the

homœopathic simillimum is wonderful, while a remedy that is not homœopathic to this condition may be given in massive doses with little effect. No one can be made sick in a lasting way by a drug to which he is not susceptible. This fact may serve to explain how at times a high potency of the same drug with which a person is poisoned proves curative. In other words, in such a case the patient was poisoned because he was already sick or susceptible and needed that remedy, but the drug not being on the same plane as his susceptibility poisoned instead of curing him.

Kent also suggests that frequent repetitions of a crude drug may bring about a susceptibility to it, and that after a time the merest inhalation of it may produce its effects.—[Hom. Phys., Sept., 1889.]

PROVINGS.

It is advisable when making provings to begin with a single dose, but in the great majority of cases this will cause no effect. If the single dose fails we may try to create a susceptibility by repeating the dose until some effect is produced, but the medicine must be stopped at once on the appearance of symptoms and not repeated until absolutely all symptoms have ceased.

Many provings, especially some of Thuja, are almost valueless owing to this repetition of the drug after symptoms appeared. The finest symptoms, as a rule, are those that develop late, months after the drug has been discontinued. No heed must be paid as to whether the symptoms in a proving are primary or secondary, for as long as the drug can produce them it can cure them. In certain provers what are commonly regarded as secondary symptoms appear as the primary action of the drug.

In a proving if symptoms appear which have been experienced long before, this re-appearance only proves that in virtue of his own constitution this prover has a special tendency to admit their manifestation.--[Organon, § 138.]

PSORA.

In the treatment of chronic non-venereal disease, Hahnemann found that the similar remedy was just as efficacious in removing the existing symptoms as it was in acute disease. But he also

frequently found that while the patient might remain well for a considerable period, yet without adequate cause the same symptoms returned and were again removed by the remedy, though less perfectly than before. This happened several times, until finally the remedy ceased to benefit. Being convinced of the universality of the homœopathic law of cure, he concluded that the ostensible disease could not be the whole, but only the active part of some much more extensive disease, or otherwise it would have been permanently cured.

Accordingly he endeavored by careful examination of the history and progress of a large number of chronic diseases to discover all the ailments and symptoms belonging to this unknown primitive malady. He found that the majority of such patients had had the itch or some other cutaneous disease, such as eczema, herpes, tinea, etc., and that the symptoms of the chronic disease only began to manifest themselves after these had disappeared or had been removed by external treatment, and that the disease constantly tended to progress from without inwards—from the lesser to the more vitally important organs. Having now, as he believed, discovered the common origin of all the variously named chronic diseases, which he called Psora, he chose from amongst the then proven remedies all such as were capable of producing symptoms similar to those of the miasm and advised that they should be employed in its cure.

Hahnemann believed that Psora was always the result of direct infection, and probably this was the case originally; but now, according to Kent, all mankind is more or less psoric and the acute manifestation is only the taking on of a new load of the disease.

Many have rejected the psora theory, but practical experience teaches us to give by preference these very antipsoric remedies. This preference is not theoretical and is constantly subordinate to the general principles of Homœopathy.

Dr. Reuter published what he believed to be the order in which the various organs were affected by psora, when not interfered with, but Kent is unable to confirm this sequence. Kent has observed that many diseases seem to be on the same plane, one member of a family having epilepsy, while others have insanity, cancer, tuberculosis, etc., the various organs being affected according to the circumstances of the patient.

SYPHILIS.

The true course of this disease cannot be properly followed from old school writings, as their habitual use of massive doses prevents the disease following its natural course.

The primary manifestation is the chancre, which usually appears fifteen days after exposure. This chancre, under proper homœopathic treatment, tends to enlarge, and the bubo frequently suppurates, whereas, under allopathic treatment, the bubo remains as a hard lump and seldom suppurates. Under homœopathic treatment the bubo disappears if the chancre discharges profusely.

Hahnemann taught that it was possible to prevent the appearance of secondary symptoms, but this is a mistake, for they always sooner or later appear. In Hahnemann's day the distinction between the chancre and chancroid was not properly understood, and doubtless it was this that led him into error. The chancre is followed by the eruptions which likely call for a different remedy. The closer the remedy given for the chancre is to the simillimum the less copious will be the eruption.

The eruptions under homœopathic treatment are usually very profuse, but are never pustular. The eruption is followed by ulceration of the throat. The first ulcer to come will be the last to disappear under homœopathic treatment. The next manifestation is the falling out of the hair.—K.

The tertiary stage under homœopathic treatment, if it appear at all, is a shadow.—K.

The foregoing only holds true when the treatment has been purely homœopathic throughout, but when we are called on to treat a case that has passed down to the tertiary stage under allopathic treatment the procedure is very different.

In such a case under appropriate treatment all the symptoms he has already experienced will return, but in the opposite order to which they originally appeared, viz., the falling out of the hair, then the sore throat eruptions and finally the chancre. Of course, these various stages will call for different remedies according to the symptoms. [Never leave Merc. so long as it benefits.—K.]

Syphilis, like sycosis, is always taken at the stage it is in, in

the person from whom it is caught, and consequently when under homœopathic treatment the symptoms begin to come back in the reverse order—they only go back to the stage at which the patient took the disease. In old broken down syphilitics without any very guiding symptoms it is advisable to give a few doses of Syphilinum, which usually serves to re-establish the vital reaction and bring out the symptoms. After *this sometimes antipsorics are called for because* when syphilis has advanced so far psora has usually got mixed with it.—(K.) If either psora or sycosis is active when syphilis is taken the syphilis usually suppresses the other miasm, and when after a period of anti-syphilitic remedies the disease becomes latent the symptoms of the sycosis or psora begin to be active again and must be treated by their corresponding remedies until they in turn become latent. The syphilis may again become active, and this alternation of the different miasms may go on for a time before the patient is thoroughly cured.

This alternation of the miasms is very important, because antipsoric remedies, such as Sulphur, Calc. and Graph. are more likely to do harm than good if given while the syphilis is active.—K.

[When syphilis has progressed till gummatous formations have been produced round the anus, in periosteum and in the brain, *Sulphur*, if given, will suppurate these, and thus make the patient worse. I have seen it suppurate the soft palate away when I did not know he had syphilis. You may have to give at once *Merc.* or *Merc. cor.* to stop the action of the *Sulphur*.—K.]

SYCOSIS.

There are two forms of gonorrhœa, the acute and the chronic. There is also a psoric catarrhal form of urethritis. The acute is much the most common form and its suppression does not lead to constitutional symptoms.—[K., J. of H., April, 1899.]

The chronic form begins in exactly the same way as the acute, and to all outward appearance the discharge is the same.—[K.]

As long as this chronic form is permitted to discharge freely no constitutional symptoms appear, thus markedly differing from syphilis.—[K., Med. Adv., Nov., 1888.]

The second manifestation of sycosis is the figwart, which is usually soft, sensitive, easily bleeding, red, with an offensive

sweet smell. Sometimes the warts are smooth, red, shining. As long as these warts are allowed to remain undisturbed no constitutional symptoms appear. It is to be remembered that both the discharge and warts may be suppressed by the continual use of inappropriate homœopathic remedies.

The first constitutional symptom of sycosis is the rheumatism, which may not appear for some months after the disappearance of the primary manifestation. This rheumatism is very similar to that caused by *Rhus*, but that remedy only palliates as it is not an anti-sycotic.

The order in which the other manifestations appear is not well known, but amongst the chief are orchitis, red phthisis and many affections of the female genitals. It also causes asthma, which is apt to be aggravated in warm moist weather or in the spring.

According to Kent spasmodic asthma is almost invariably sycotic, especially if hereditary, and remedies like *Spong.*, *Ipec.*, *Carbo veg.*, *Bry.* and *Ars.* only palliate. One of its latest and most marked manifestations is a peculiar anæmia characterized by a waxy, shining, greenish-grey appearance of the face, with hollow cheeks and voice.

Sycosis, like syphilis, can, as a rule, only be taken once, according to Kent, and in these cases of repeated gonorrhœa only one was real or sycotic.

In exception to this, a man in the last stage of the constitutional state can take gonorrhœa in the first stage and go through the whole course, and she who has the anæmic state would, if exposed, get the discharge.—K.

Sycosis, like syphilis, is always taken at the stage it has arrived at in the person from whom it is taken, and consequently many women only have it at the anæmic stage.

When we have to treat a case of constitutional sycosis we must choose our remedy in accordance with the symptoms that are present, and, as a rule, this will be found to be one of the anti-sycotics. At times, however, we may have to go outside the list of known anti-sycotics, for at present it is far from complete. In these cases of constitutional sycosis when the suitable remedy removes one group the next will appear probably calling for another

remedy, and this process will have to be continued from stage to stage until we have taken the patient through all he has formerly experienced, but the stages will appear in the opposite order to that in which they first came. In advanced cases it may take two or three years before we can bring back the primary manifestations whether that was a gonorrhœa, a rheumatism or a catarrh. If, when we restore the original gonorrhœa, it fails to remain for a length of time, it shows a want of reaction on the part of the patient and the cure will be doubtful.

Mercury and Sulphur seldom do anything but harm in advanced sycosis, though often indicated in the stage of discharge. It is rarely possible to cure old sycotic strictures by medicines, and it can only be done when the remedy sets up an acute urethritis with the return of the original gonorrhœa.

If the convalescence from acute disease is delayed we must not invariably regard the cause to be psora, but find out what miasm is present, and give the corresponding antipsoric, anti-syphilitic or anti-sycotic.—K.

A marked similarity between the symptoms of sycosis and those produced by vaccination led Boënnighausen and others to regard them as identical, but Kent does not believe this to be correct.

Ordinary *gleet* lingering for months is *not* always indicative of sycosis, but often of psora, and analogous to a catarrh from any other mucous membrane.—K.

It is worthy of notice that many remedies have a decided curative action upon the gonorrhœal discharge, but are not known to have cured warty cases or to have developed a suppressed discharge. It may be they are only gonorrhœa remedies and may cure the discharge and not sycosis.

Any condition driven from the urethra may produce inflammation of the testicle, not necessarily sycotic. Remedies for the suppression of the discharge are, therefore, not necessarily *anti-sycotic*.—K

It is not often that Hahnemannians can endorse a prepared food, but Dr. Guernsey's Perfection Liquid Food is not only produced by one of them, but it is used by many whose principles are above question.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

A CASE OF CANCER VENTRICULI.

H. H. BAKER, M. D., Muncie, Ind.

Mrs. B. came to me on the 2d of January, 1900, complaining of serious stomach trouble. She is dark complexioned, medium height, 33 years of age, and weighed 86 pounds the middle of December, 1899—probably little if any over 80 pounds at this time.

I had made a prescription for her on August 14, '99—Nuxvomica 30 and two powders of the 1m.—each to be divided into six doses in water, one-half hour apart, the powders to be used one or two evenings apart.

She told me this had helped her for a time; but later she went to a lady allopath, and then to an eclectic, who is noted for his strong doses. But neither of these helped her.

For the last six weeks of 1899 she had vomited ten to twelve times a day, everything, even milk, being refused by her stomach, and she was rapidly emaciating.

Her symptoms, as I took them, were as follows:

Absolutely no appetite, not even for milk last few days. At times she had been very hungry, and especially for peculiar articles, such as mince pie.

Vomiting after eating anything. She was now eating no solid food. The vomited matter was sour, slimy and always left a sour taste. If milk had been taken it was curded, and seemed as though it would tear her to pieces to get it up.

Vomiting always relieved.

She craved sour kraut and sweets, but anything sweet soured and was vomited.

Dull, heavy feeling all over after eating solid food, but especially in the stomach, and she would get cold.

Pain of a grinding, gnawing character, sometimes burning, comes immediately upon eating, before leaving the table, and remains till relieved by vomiting.

Hot drinks relieve pain in stomach.

Swelling in left hypochondrium after eating like something alive crawling, followed by water brash.

Belching a great deal, which somewhat relieves.

Cannot bear clothing tight about epigastrium.

Bowels do not move unless take tablets.

Stools consist of little round balls; and in the stools long strings of mucus, and mucus connecting and covering the pieces of feces.

Considerable intestinal flatulence.

Tongue—slight whitish coating.

Face ashy-yellow, a genuine cancer cachexia, so decidedly that several weeks before as I passed her on the street I said to myself "that woman has cancer."

Expression was *sad*.

Hypochondriasis pronounced; would get so blue wouldn't want anybody to talk to her.

Cold all the time, could hardly keep warm.

Sensation occasionally on lying down of "getting big," "head big as a barrel," etc.

Menses suppressed since September 20, '99.

As she told me on the start that she thought she had some kind of a tumor in her stomach, and that her mother had died six years before of cancer of the womb, I postponed any examination that might confirm her suspicions till I had gained her confidence.

I put her on a diet of raw oysters, and milk, with a pinch or bicarbonate of soda; nothing else till stomach should be in better condition.

R. Calc. carb. 6x and 30x.

January 4. Much better. Pain all gone. Vomited only once since 2d, then two and a-half hours after eating onions and gravy following milk, "my own fault," she said.

Tight clothing no longer worries.

I kept her on Calc. carb. 6x or 30x till the 20th of January; and on the 8th gave one dose of the 45m. (Fincke.)

On the 13th and 16th each she had a divided dose of Opium 1m for constipation, with report on 17th "Bowels O. K."

On the 17th of January I made a more complete physical examination, and found a nodule between navel and costal arch of left side about as large as a small orange. Pressure produced a sickish feeling. When a fold of the abdominal wall was picked up it did not return to place quickly—the cellular tissue and elasticity were greatly decreased. The skin was dry and harsh; and all over the abdomen and lower extremities were fine white scales. She said some evenings there was quite a quantity of these scales in the stockings. I was now positive I had Carcinoma Ventriculi to deal with.

On the 20th of January I prescribed Arsenicum album 1m—a powder divided in six doses of water—one-half hour apart.

January 23. Felt better since taking powder. Three or four bowel movements 21st, two 22d, and one to-day. Vomited once 21st and once 22d—not to-day.

R. Placebo.

January 26. "Better."

R. Placebo.

January 29. Vomited once since 26th. Knees, ankles and wrists stiff. Swelling of feet and wrists.

R. Placebo.

February 3. Vomited twice since 29th January—not sour. Eats bread with relish. Eruption on wrists resembling chicken-pox.

R. Placebo.

February 6. Vomited to-day—once only since 3d. Eats anything. Eruption <. Stiffness of joints <.

R. Placebo.

February 13. Appetite "immense;" "can hardly wait from one meal to next." Vomited only once since 6th, and then after eating noodle soup—not sour.

No more pain in stomach for seven to ten days, and no heavy feeling after eating.

Stiffness of joints for two weeks now much better.

Menses *not* returned.

Bowels O. K. till two or three days ago.

Belching some, though a great deal better.

No swelling in left hypochondrium after eating or any time since four to five days ago.

No water brash.

Face gradually improving in color.

Tongue clean.

"Tightness of clothes" does not bother.

Not cold as was.

Last few days feel less blue than did.

Stiffness of joints better.

Eruption and scaly condition of skin better.

Weight, 89 pounds.

Bnt since February 3d there has been "a sweating just down to waist;" "wonder if I'm going into consumption."

R. Placebo.

February 19. Vomited once—on 15th.

On this day I took an allopathic physician with me to examine the patient and give me his diagnosis. After a thorough examination he pronounced the case one of Carcinoma Ventriculi—thus confirming my opinion.

R. Placebo.

February 24. Stiffness of joints so severe can hardly get up from a seat; must have relief.

R. Rhus tox. 1m., divided in six doses.

February 26. Stiffness of joints no better. I now bethought myself of what a blunder I had made in looking to another drug when I had obtained such marked benefit from Arsenicum alb., and that my proper prescription should have been a repetition of of Ars. instead of Rhus. This I gave.

R. Ars. alb. 1m., divided in six doses.

March 2. Stiffness of joints much better after last prescription.

Tightness in chest and constipation, for which were given a few doses of Phos. 30 and Opium 1m.

March 6. Tightness in chest and constipation were immediately relieved. No vomiting or stiffness of joints till today.

R. Placebo.

March 10. Bowels O. K. Feels good. No vomiting. Ate pork chops and potatoes yesterday; sausage and potatoes to-day. No distress.

R. Placebo.

March 16. Flatulence in bowels now only thing troubling.

R. Lyc. 200, divided in six or eight doses, one-half hour apart.

March 22. Feels "well." Bloats some in bowels and belches some.

R. Carbo veg. 1m., divided in six doses.

March 26. Worse. Vomited once yesterday. Bloats.

R. Ars. alb. cm., Skinner, divided in three doses.

March 31. "Better."

R. Placebo.

April 7. "Good" till last evening, when vomited; ate onions at dinner.

R. Ars. alb. cm., Skinner, divided in three doses.

April 12. Vomited once on 9th and 10th. Legs scaly again.

R. Placebo.

April 14. "All right." No bloating or pain. Scaly condition better.

R. Placebo.

April 22. Burning up from stomach.

R. Placebo.

April 30.

R. Ars. alb., Skinner cm., divided, three doses.

May 6. Husband reported, "Wife came home last evening dancing like a cricket, having weighed 100 pounds. Weighed only 80 when she began doctoring with you, you know." No prescription.

May 14. Bloats after eating lettuce and after drinking water freely. Had to vomit yesterday—first for a long time. No pain any time.

Appetite good, raving, eat anything except lettuce and onions. Bowels O. K. and normal. Belch a good deal after eating. Not blue. No eruption or stiffness of joints for some time. Scaliness of skin from knees down better, though some yet. No R.

June 23. "Never felt better for ten years." Appetite good; nothing distresses. Sleep good. Weight 114 pounds. "Going to sue you for damages, for clothes are all too small." Menses returned without pain and perfectly normal on 21st—first time for nine months.

To me, this resumption of a natural function, which nature has suppressed to conserve her energies, is an indication that a complete cure has been wrought.

HAHNEMANN'S BASIS OF TREATMENT.

Hahnemann had no other object in view except to cure. All the energies of his great soul were directed to this one end. His object was not to overthrow pathology, although the pathology of his time has been set aside as a heap of foolish speculations, and has been replaced by other symptoms that may, perhaps, suffer the same fate in fifty years; he merely contended against the foolish and presumptuous application of pathological hypotheses to the treatment of disease. He rejected and overthrew the foolish belief which had been driven, like a rusty nail, into the minds of the profession, and, by their instrumentality, into the minds of the people, that the remedies should be given against a name, against an imaginary disease, and that the name of this imaginary disease indicated the remedy. Up to this day physicians have been engaged in accrediting that superstition. Whence should otherwise spring the desire which so many patients manifest, of inquiring into the name of the disease, as if a knowledge of that name were sufficient to discover the true remedy against the disease. Many patients are disconsolate when the doctor cannot tell them what is the matter with them. Do we gain anything by being able to say that the disease is rheumatism, dyspepsia, liver complaint? Does it avail the patient any to be able to repeat his doctor's *ipse dixit*, "that he is bilious, nervous, etc.?" Do these words mean anything definite? Are there yet physicians foolish enough to believe that their speculative explanations mean anything? Does not everybody acknowledge that they are mere *ignes fatui* flitting to and fro upon the quagmire of the old decayed systems of pathology? Hahnemann had courage enough at once to face the contradictions which constantly existed between practice and theory; he declared that the speculative knowledge of physicians was merely learned dust which they were in the habit of throwing into people's eyes for the purpose of blinding and inducing them to consider the ignorance of the doctors and the insufficiency of their knowledge as something respectable. Hahnemann dared to lay down this maxim: that in treating disease he had nothing to do with its name. It is known that precise knowledge is necessary as respects prognosis, and for the purpose of regulating the mode of life of the patient; but it is also settled that to know merely the variety to which a disease belongs is not sufficient to cure it. Hahnemann teaches that the remedies should be chosen according to the symptoms of the patient. The physician should be governed by what is certain and safe, not by that which is more or less uncertain and unsafe, and which is changed according to fashion. Both in the *Organon* and in his *Treatise on the Chronic Diseases*, Hahnemann insists upon the remedies being chosen in accordance with the symptoms.

—Hering.

AMELIORATING THEIR SYMPTOMS ACCORDING
STANCES.

21

Sitting.		Lying.		Open air.		Indoors.		Heat.	Cold.
Agg.	Amel.	Agg.	Amel.	Agg.	Amel.	Agg.	Amel.	Agg.	Agg.
c	d	c	e	a	—	—	—	—	—
c	c	—	—	—	—	—	—	—	—
b	e	d	—	a	—	—	a	—	a
c	e	c	e	a	e	—	—	a	—
—	—	—	a	a	—	—	—	—	—
b	—	b	—	a	—	—	a	—	a
c	e	c	—	a	—	e	—	b	d
b	—	d	—	a	—	—	—	—	—
c	d	b	e	e	a	a	e	—	—
a	b	d	—	a	—	—	—	—	—
d	—	b	—	c	—	c	—	—	—
b	d	d	—	b	d	d	—	—	a
a	e	d	—	a	—	—	—	—	—
b	e	d	d	a	—	—	—	a	—
c	e	c	e	a	—	—	—	—	—
c	—	c	—	—	—	—	—	—	—
b	—	d	—	a	—	—	—	—	a
b	—	d	—	a	—	—	—	a	—

TABLE III.

**The Various States of Mind
Produced
By the Medicines.**

Name of the Remedy.	Cheer- fulness and good hu- mor.	Chan- geable mood.	Imag- inary sick state.	Rest- less- ness, Impa- tience Hasti- ness.	Indif- ference, Want of feel- ing.	Mis- trust, Aver- sion to com- pany.	Inde- cision, Serious- ness (thou- ghtful- ness.)
Caladium	—	—	—	—	—	—	—
Calcarea carb.	—	—	c	c	d	—	—
Camphora	—	—	—	c	—	—	—
Cannabis	c	—	—	—	c	—	b
Cantharides	—	—	—	d	—	—	—
Capsicum	b	d	—	d	d	—	—
Carbo anim.	b	—	—	—	a	—	—
Carbo veg.	—	—	—	c	b	—	—
Causticum	—	e	—	e	—	—	—
Chamomilla	—	—	—	b	—	—	e
Chelidonium	—	—	—	—	—	—	—
China	e	—	—	—	c	—	c
Cicuta	—	—	—	—	d	b	—
Cina	—	—	—	c	a	—	—
Clematis	—	—	—	—	b	—	—
Cocculus	e	—	—	e	e	—	—
Coffea	b	—	—	—	—	—	—
Colchicum	—	—	—	—	—	—	—
Colocynthis	—	—	—	—	—	—	—
Conium	—	—	—	—	c	d	—
Corall. rubr.	—	—	—	—	—	—	—

Fear, Anxiety, Despair.	Timidity, Easily terrified.	Down- hearted, Troubled mind.	Sad- ness, Weep- ing mood, Melan- cholia.	Sulki- ness, Stub- born- ness, Anti- pathy.	Irri- table, Excit- able, Sensi- tive.	Anger, Quarrel some, Wrath- ful.	Insan- ity. Mad- ness.	Fixed ideas, Thought- lessness, Absent- mind- ed.
c	—	—	d	d	—	d	c	e
c	d	—	—	b	—	—	a	c
d	—	a	d	b	—	—	—	c
c	—	a	b	b	—	—	—	—
a	—	—	c	e	—	d	e	—
—	—	—	—	a	—	b	a	—
a	—	b	—	—	—	—	—	—
—	—	a	—	—	—	—	—	—
a	—	—	—	—	—	a	—	—
a	c	b	e	d	c	e	—	—
c	—	a	b	b	—	—	—	b
—	—	—	—	a	—	—	—	c
a	—	d	b	d	—	—	—	—
d	—	—	c	d	—	a	—	d
c	e	d	e	—	—	c	a	d
c	a	a	b	c	e	c	—	d
a	—	c	c	—	c	—	—	d
—	—	d	b	a	e	b	—	—
b	b	c	e	a	c	a	—	c
c	a	—	c	c	—	b	—	—
b	c	—	—	a	c	—	—	—

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DEPARTMENT OF MATERIA MEDICA.

IPECACUANHA.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.*

Ipecac. has a wide sphere of action among acute sicknesses. Most of its acute complaints commence with *vomiting*. The febrile conditions commence with pain in the back between the shoulders, extending down the back, as if it would break, with or without rigors, much fever, vomiting of bile and seldom any thirst. This is the general aspect of the beginning of an Ipecac. fever or gastric trouble or chill in intermittents or bilious attacks.

The stomach is disordered. There is a sense of fulness in the stomach, cutting pains in the stomach and below the stomach, going from left to right. The cutting pain in colic goes from left to right. The patient is unable to stir or breathe until that pain passes off. It holds him transfixed in one position, coming like the stabbing of a knife in the region of the stomach, or above the navel, going from left to right, and is attended with prostration and nausea.

All the complaints in Ipecac. are attended more or less with *nausea*; every little pain and distress is attended with nausea. The sufferings seem to strike to the stomach, as the patient often says, bringing on nausea. There is continuous nausea and gagging. The cough causes nausea and vomiting. It is a dry,

*Stenographically reported by Dr. S. Mary Ives.

hacking, teasing, suffocative cough, accompanied by nausea and gagging and vomiting. He coughs until the face grows red, and then there is choking and gagging. With every little gush of blood from any part of the body there is nausea, fainting and sinking. Hence its value in uterine hemorrhages; bright, red blood with nausea; a little blood is attended with fainting or syncope, but the great overwhelming nausea runs all through the remedy, with its symptoms. Though there is sometimes thirst, it is usually absent. When Ipecac. does its best work, there is thirstlessness. With the Ipecac fever, or with the chill, there is likely to be pain in the back of the head, a bruised pain through the head and back of the neck and sometimes down the whole back, and drawing in the muscles of the back of the neck. A congestive fulness in the head, a crushed feeling in the head and back of the head; the whole head aches and is full of pain.

Ipecac. is sometimes as restless as *Arsenic*, but the Ipecac prostration comes by spells, whereas the *Arsenic* prostration is continuous. You will see Ipecac. patients tossing over the bed as much as they do when they need *Rhus*, turning and tossing, and moving the hands and feet, with the extreme restlessness. This is especially the case when the spine is somewhat involved. Ipecac. has symptoms that look like tetanus; it has opisthotonos, and it has been a wonderfully useful remedy in cerebro-spinal meningitis with vomiting of bile, with tremendous pain in the back of the head and neck, and drawing of the muscles of the back, retracting the head. When cerebro-spinal meningitis has gone on until the patient is emaciated, when remedies have seemed but to palliate momentarily, and the whole body is inclined to be bent backwards, and there is vomiting of everything, even the simplest articles taken into the stomach, the tongue is red and raw, and there is constant nausea and vomiting of bile, Ipecac. will cure such a case. Ipecac. cures inveterate cases of gastritis when even a drop of water will not stay down; everything put into the stomach is vomited, continuous gagging, sharp pain in the stomach, pain in the back, below the shoulder blades, as if it would break, vomiting of bile, continuous nausea and great prostration. Irritable stomach. It also cures when the abdomen is distended, and sensitive, a tympanitic state, when

there is the same vomiting of bile and nausea. Ipecac. has proved a wonderfully useful remedy in epidemic dysentery, when the patient is compelled to sit almost constantly upon the stool and passes a little slime, or a little bright red blood, hardly more than a teaspoonful at a time; inflammation of the lower portion of the bowel, the rectum and the colon. The tenesmus is awful, smarting and burning, and continuous urging with the passage of only a little scanty speck of mucus and blood. With this there is constant nausea; while straining at stool, the pain is so great that nausea comes on, and he vomits bile. At times, whole families are down with it. It runs through a whole valley and may be epidemic; but it commonly relates to endemics. In infants it is indicated when a cholera-like diarrhoea has been present, and it ends in a dysenteric state, with this continued tenesmus, and the expulsion of a little bloody mucus, the child vomiting everything it takes into the stomach; nausea, vomiting, prostration and great pallor. It is also useful in such conditions when the stool is more or less copious, and the stool is green, and the child passes frequently copious quantities of green slime. Much crying when at stool, much straining, with passages of green slime, vomiting of green slime, and vomiting of green curds; milk turns green and is vomited.

The chest complaints of Ipecac. are interesting. Ipecac. is especially the infant's friend and is commonly indicated in the bronchitis of infancy. The usual bad cold that ends in chest trouble in infants is a bronchitis. It is very seldom that an infant gets a true pneumonia, it is generally a bronchitis with coarse rattling; the signs are all those of bronchitis. The child coughs, gags and suffocates, and there is coarse rattling which can be very often heard throughout the room, and the trouble has come on pretty rapidly from ordinary exposure. The child is pale, looks dreadfully sick, and sometimes looks very anxious. The nose is drawn in as if it were dangerously ill, and the breathing is such as appears in a dangerous case. Ipecac. will sometimes modify this into a very simple case, break up the cold, and cure the child. It is a typical remedy in infants for these cases of bronchitis. In the old books, the pneumonia of infancy had a distinct and separate description, and the typical

symptoms were those of Ipecac. You will see a great similarity of symptoms when you study Ipecac. and *Ant. tart.* together in chest troubles. If you have been studying them together, you will say, "How do you distinguish them; they both have rattling cough and breathing, and both have the vomiting?" Well, the Ipecac. symptoms correspond to the stage of irritation, while the *Tartar emetic* symptoms appear in the stage of relaxation. That is, the Ipecac. symptoms come on hurriedly, come on as the acute symptoms, whereas the *Tartar emetic* complaints come on slowly. The latter is seldom suited to symptoms that arise within twenty-four hours, or at least the symptoms of *Tartar emetic* that arise in twenty-four hours are not of this class. This group comes on many days later, comes on at the close of a bronchitis when there is threatened paralysis of the lungs; not in the stage of irritation, not the dyspnoea from irritation, not the suffocation of that sort, but the suffocation from exudation, and from threatened paralysis of the lungs. When the lungs are too weak to expel the mucus, the coarse rattling comes on. Then there is the great exhaustion, deathly pallor of the face and sooty nostrils. We see now that these two remedies do not look alike. If we observe the pace of the two remedies, we see that the complaints differ. It is not so much that they belong to stages, although they do, but rather that Ipecac. brings on its symptoms rapidly and effects a crisis speedily, and that *Ant. tart.* brings on its symptoms slowly and effects a crisis after many days.

You can readily see the value of Ipecac. in whooping cough, for it has the paroxysmal character, the red face, and vomiting and gagging with the cough. The red face, thirstlessness, violent whooping, with convulsions, with gagging and vomiting of all that he eats. are the things that you will generally find.

I have hinted at the hemorrhages, and these open out a great field for Ipecac. I would not practice medicine without Ipecac., because of its importance in hemorrhages. It is a great stopper of bleeding. When I say hemorrhages, I do not mean that from cut arteries. I do not mean hemorrhages where surgery must come in; I mean such as uterine hemorrhages, hemorrhages from the kidneys, from the bowels, from the stomach, from the lungs. You cannot tie a vessel in bleeding from the stomach. In uterine

hemorrhage you cannot tie "the post partum artery." I have heard of it being attempted once by a young student. You must know your remedies in hemorrhages; if you do not, you will be forced to use mechanical means; but the homœopathist who is well instructed is generally able to do without. In the severest forms of uterine hemorrhages the homœopathic physician is able to do without mechanical means, except it be mechanical means that are causing the hemorrhage. This does not relate to hour-glass contractions, it does not relate to conditions when the after birth is retained, or when the uterus has a foreign substance in it, because under such circumstances manipulation is necessary. A distinction must be made. But when we have simply the pure dynamic element to consider, simply and purely a relaxed surface that is bleeding, the remedy is the only thing that will do the work properly. Now, when the uterus is continuously oozing, but every little while the flow increases to a gush, and with every little gush of bright red blood the woman thinks she is going to faint, or there is gasping, or there is pallor, and the quantity of the flow is not sufficient to account for such prostration, nausea, syncope, pallor, *Ipecac.* is the remedy. When with the gushing of bright, red blood there is overwhelming fear of death, *Aconite*. If your patient while going through the confinement has had a hot head, an uncontrollable thirst for ice cold water, and after the confinement has been finished, and everything has gone on in an orderly way, and the placenta has been delivered, and although you have no reason to expect such a hemorrhage it comes on, *Phosphorus* will nearly always be the remedy. In those withered women, lean and slender without much flesh, who are always suffering from the heat, who want the covers off and want to be cool, who have had a tendency to ooze blood from the uterus, and now have a hemorrhage that is alarming, either with clots, or only an oozing of dark liquid blood, you can hardly do without *Secale*. A single dose of any one of these medicines on the tongue will check a hemorrhage more quickly than large doses of strong medicine. The hemorrhage will be checked so speedily that in your earlier experiences you will be surprised. You will wonder if it is not possible that it stopped itself. A fortunate thing in

nature is the tendency to check hemorrhage, which is always good. There are a large number of medicines that control hemorrhage, and these you must keep at your fingers' ends. They belong to emergencies. You must know the hemorrhage remedies. You must know the remedies that correspond to violent symptoms and violent attacks. Ipecac. is full of hemorrhage. Vomiting of great clots of blood, continuous vomiting of blood in connection with ulceration. In persons who are subject to violent attacks of bleeding, who bleed easily, who have a hemorrhagic tendency, Ipecac. will control temporarily the hemorrhage when the symptoms agree.

Severe pain in the back in the region of the kidneys, shooting pains, frequent urging to urinate, and the urine contains blood and little clots of blood. The urine is extremely red with blood, which settles to the bottom of the vessel, and lines the whole commode with a layer of blood the thickness of a knife blade. Every pint of urine that it contains will have that coating of blood in the vessel; every attack of pain in the kidney is attended with that condition of the urine. Ipecacuanha will stop that bleeding. It is true that when patients have bled until they have become anæmic, and are subject to dropsy, Ipecac. ceases to be the remedy; its natural follower then is *China*, which will bring the patient in a position to need an antipsoric remedy.

Then there are the "colds." Simple, common coryzas among the children. When a cold settles in the nose, and the nose is stuffed up at night, or when the adult has a coryza, with much stuffing up of the nose, blowing of mucus and blood from the nose, much sneezing, and the cold goes farther down and is followed by hoarseness, extending into the trachea with rawness, and finally into the bronchial tubes with suffocation and settling in the chest, think of Ipecac. The Ipecac. colds often begin in the nose and spread very rapidly into the chest. With these colds in the nose there is copious bleeding of bright red blood. Every time he takes cold in the nose he has copious bleeding; a tendency to nosebleed with the colds. The inflammation that comes upon the mucous membrane in Ipecac. is violent. The irritation comes on suddenly, and the mucous membrane inflames so rapidly that the parts become purple, turgescient, and bleeding seems to be the

only natural relief. Stoppage of the nose and loss of smell; the nose becomes so stuffed up that he cannot breathe through it.

With the head symptoms, with the colds, with the whooping cough, with the chill, and with many of the inflammatory complaints, the face becomes flushed, bright red, or bluish red, and the lips blue; with the chill, the lips are blue and the finger nails are blue. The chill is a violent chill, sometimes congestive in character and often a rigor. The whole frame shakes, and the teeth chatter.

I do not think I dwelt sufficiently upon the uterine hemorrhage; I was taken off by another thought. In copious menstruation Ipecac. is often indicated when the woman has taken cold, or has had a shock. In cases where she is not especially subject to copious uterine flow at the menstrual period, she is naturally alarmed, for it is something she has never had before, and the flow is likely to continue for many days, attended with fainting, and every gush is attended with this weakness. All her power seems to go with a little gush of blood. Ipecac. will cure that trouble and end the menstrual flow normally.

There are old incurable cases of asthma that find they are palliated by Ipecac., and carry around a bottle of it from which they say they get much relief. It is useful in cases of humid asthma, in cases of asthmatic bronchitis, when they suffer from the damp weather and from sudden weather changes; every little cold rouses up this bronchial attack, and he suffocates and gags when he coughs, or spits up a little blood. He has to sit up at nights to breathe, and these attacks are common and frequent. These patients say they get relief from Ipecac., and it is not surprising that Ipecac. relieves that state of asthmatic breathing, because it has such symptoms. Some of these cases are incurable, they are people advanced in life. This remedy, more wisely administered, will give more relief. A powder of Ipecac. will break up the attack, so that the patient is comfortable, and then will go on in an ordinary sort of asthmatic way, until catching another cold. The cough is rattling and asthmatic.

As a convulsive medicine Ipecac. is not well enough known. Convulsions in pregnancy. Convulsions in whooping cough; frightful spasms, affecting the whole of the left side, followed by

paralysis; clonic and tonic spasms of children and hysterical women. Tetanus, rigidity of the body, with flushed redness of the face. These things are strong features of the Ipecac., and they have not been sufficiently dwelt upon, and the remedy is not sufficiently known as having these states so prominently. Medicines like *Belladonna* are more frequently spoken of in the books and in treatises of spasms, yet Ipecac. is just as important a remedy to be studied in relation to spasms, and its action upon the spine.

In suppressed eruptions, the symptoms will very commonly point to Ipecac. When the eruption does not come out, or an eruption has been driven back by cold, sometimes acute manifestations of stomach and bowels follow and colds settle in the chest from suppressed eruptions. Ipecac. will also cure erysipelas, when there is the vomiting, the chill, the pain in the back, the thirstlessness and the overwhelming nausea.

Ipecac. is often sufficient for the nausea and vomiting, when the scarlet fever rash is slow to come out. Instead of the rash coming out as it should, Ipecac. symptoms come on in the stomach with nausea and vomiting. Ipecac. will check the nausea and vomiting, will bring out the eruption, and the disease will run a milder course.

LAC CANINUM.

A beginning in this remedy was made by Dr. Reisig, and after Reisig it was used by Bayard. After Bayard's death Dr. Dyer gave me a vial of the 30th potency, made by Reisig, from which the potencies mostly have been made.

All the milks should be potentized and they should prove good remedies, as they are animal products and foods of early animal life and therefore correspond to the beginning of our innermost physical nature. If we had provings of monkey's, cow's, mare's and human milk they would be of great value. *Lac defloratum* has done excellent work, and so has this remedy. Lac caninum is in its beginnings yet, although it has done some

excellent things, but many of its symptoms are doubtful and it would take a century to confirm them. Some things in it are inconsistent; some of the ameliorations from heat are doubtful, for the opposite modality prevails extensively.

This remedy abounds in nervous symptoms, although it has no doubt tissue changes as well. It is deep acting and long acting; the provers felt its symptoms for years after the proving was made. The mental symptoms are prolonged and distressing. It has cured enlarged glands. It makes ulcers very red, and it has cured such ulcers. Ulcerated areas have a dry, glistening appearance as if coated with epithelium. It is an important remedy in complaints following badly treated diphtheria, in paralysis and other conditions dating back to diphtheria. The greater number of its symptoms belong to the nervous system. An oversensitive state prevails, a general hyperæsthesia of the skin and all parts. It makes women violently hysterical, and causes all sorts of strange, apparently impossible symptoms. For example, a woman lay in bed for days with the fingers abducted and would go wild if they touched each other. The fingers were not aggravated from hard pressure, but she would scream if they touched. This state is difficult to cure outside of Lac can. and *Lach*. *Lach*. has produced a similar condition. The sensitiveness of the abdomen so that the sheet cannot be permitted to touch the skin belongs to both.

Another strange state is a peculiar vertigo, a condition, when walking, in which she seems to be floating in mid-air, or, when lying, as if she were not on the bed. Other remedies have this. The sensation as if floating, or not touching the bed, or sinking down, belongs to *Lach*. The sensation of gliding while walking is strong under *Asrum europeum*.

The complaints, almost regardless of kind or quality, *change sides*. The rheumatism is first found in one ankle, and then in the other, and then back again to the original site. If in the knee or hip or shoulder the rheumatism alternates sides. The headaches and neuralgias do the same thing. The ambulating erysipelas first attacks one side, then the other, and then back again. In inflammation and neuralgia of the ovaries the same alternation is observed. Sore throats affect alternately the sides of

the throat or tonsils. Many cases of this sort are cured by this remedy. The trouble commenced on the right and went to the left and *Lyc.* failed, but when it returned to the right the alternation was seen and the remedy revealed. Only a limited number of remedies have alternating complaints.

One or two provers had a great many symptoms, and so all are not reliable ; but this medicine so intensifies the imagination and senses that it would be easy for them to imagine symptoms, and that itself is suggestive. Full of imaginations, and harassing, tormenting thoughts. Wandering features in the mental sphere, wandering and alternating states. Cannot collect the thoughts. She wants to leave everything as soon as it is commenced, a condition of irresolution common to quite a number of remedies. She is impressed with the idea that all she says is not so, thinks everything she says is a lie, as if there is no reality in the things that be. In this it is somewhat analogous to *Alumina*, in which the patient feels as if someone else and not himself were saying everything, a lack of consciousness of the reality of things.

Every time a symptom appears she thinks it is a settled disease; fear and anxiety that some horrible disease has come upon her, a consciousness that she was suppurating and in a loathsome state ; infested with snakes. Horrible sights are presented to the mental vision, not always snakes, and she fears the objects will take form and present themselves to her eyes. This is analogous to *Lach.*, which has the feeling that the atmosphere is full of hovering spirits, although he never sees them.

Imagines he wears someone else's nose. Imagines she is not herself and her properties not her own. Imagines she sees spiders, snakes, vermin. She cannot bear to be alone. In *Lach.* the patient wants to be alone to indulge the strange fancies, and when alone she feels as if she were floating out of the window and over the grassy plains, but a sound will bring her back to the world again. This is on the borderland of insanity or delirium.

Although the patient has all these strange feelings, yet she goes around all day about her business, and no one knows them unless she confesses them. Chronic sadness, everything so dark ; irritable, ugly, hateful. Full of vertigo, but it is a sensorial symptom, unusually refined ; not the vulgar swaying or tossing or feeling as

if things were going round. It affects the whole body, as if she were swimming or floating in the air, spirit-like.

The headaches are violent and are mostly frontal, but it has also occipital headaches. Headache above the eyes from riding in the cold wind, ameliorated in a warm room. Both the frontal and occipital headaches are aggravated by turning the eyeballs upwards and using the eyes for fine work. All symptoms take alternate sides. Pains in the head during the day, first on one side, then on the other, either side being first affected. Pains in the face or eyes, alternating sides, perfectly unbearable, ameliorated going into the open air. The rheumatic symptoms are ameliorated by cold and cold applications, thus classifying it with *Puls.* and *Led.* Some headaches are noted as relieved by warmth, and that may be so.

Sensitiveness is marked; sensitive to light and noise. The page is not clear when reading. She sees faces before her in the dark. Old, troubled, distorted, disagreeable faces come to the vision or imagination. Dark, hideous faces she has seen come up, and she is tormented by them. This is not really a symptom of the vision, but a state of the brain.

Sounds seem far off. Paralysis of the throat with diphtheria; fluids return by the nose when drinking. Coryza, with sore throat and sneezing. Stuffed nose; discharge of thick white mucus. Face ache; pain aggravated by exertion, ameliorated by warm applications (clinical), but only cold applications relieve the soreness. How to reconcile that symptom with the amelioration from cold in rheumatism I don't know. This is not a proving by Hahnemann, but a recent proving.

Putrid mouth is a strong feature. The mucous membrane and teeth are coated with a fuzzy, shining, silvery substance, somewhat like milk, but not exactly. In the throat there is a felt-like exudation, ashy gray or silvery shiny deposit. It has been used in diphtheria for the class of cases taking alternate sides, and it has also cured paralysis following diphtheria. The pain in the throat pushes toward the left ear. Pains take alternate sides. The throat is ameliorated by cold or warm drinking, and aggravated by empty swallowing. Read the symptoms for yourselves. It is indicated especially in a glazed, shiny, red appearance of the

throat like *Kali bich.* The diphtheritic membrane is also white like china. Lac c. has cured most alternating cases, with patches first on the right tonsil, then on the left. Membranous croup. Wherever there is mucous membrane there will be exudate, a gray, fuzzy coating, like that piling up on the tongue. I once cured with Lac c. a chronic affection in which the whole buccal cavity had a white exudate without inflammation or ulceration, an apparent infiltration which dipped down everywhere, extending under the tongue. It was white and silvery, looking as if a mouthful of carbolic acid had been swallowed, and the mouth was so sensitive that the patient could not swallow anything but milk.

The abdomen is full of distress. Pressive pain in the pelvis; acute pain in left groin. Constant urging to urinate. Irritable bladder.

The female sexual organs furnish a mass of symptoms. Severe pain in the region of the right ovary, ameliorated by the flow of bright red blood, is again somewhat like *Lach.* These pains take alternate sides. *Zinc.* also has pain in the ovaries ameliorated by the flow; she never feels well except when menstruating; hysterical at all other times but well at the menstrual period, that is *Zinc.* Membranous dysmenorrhœa is another example of the exudative tendency of Lac c. Sore throat beginning and ending with the menstrual period. *Mag. carb.* has sore throat before the menstrual period and *Calc. c.* has cured painful throat when menstruating.

Escape of gas from the vagina. The fermentation of mucus and other substances in the bladder causing the escape of gas when urinating is found only under *Sars.*; the urine flows with a loud noise. It is not uncommon for a child to break wind when urinating, and the urine is passed with a gurgling noise; this is cured by *Sars.*

Much trouble with the mammæ; they feel as if they would suppurate. When a mother has lost her infant and it is necessary to dry up the milk, Lac c. and *Puls.* are the best remedies for this purpose, when no symptoms are present. They will do it speedily. The Lac c. patient is imaginative and sensitive to pain and her surroundings, hyperæsthesia and touchiness. *Puls.* will be called for in the *Puls.* constitution.

Rheumatism with swelling of the lower extremities, especially when it affects the limbs alternately; aggravated by motion and heat, ameliorated by cold. Pains in the limbs as if beaten. Rheumatic swellings of joints.

EUPHORBIA LATHYRIS (Gopher Plant).

The following symptoms are compiled from the accidental provings published by Dr. John U. Oberg, of Berkeley, Calif., in the *Pacific Coast Journal of Homœopathy*, July, 1900:

Mind. Delirium and hallucinations.

Stupor; coma.

Eyes. Eyes almost closed from œdema of lids.

The sclera glossy near the cornea, but red and injected toward the canthi.

Nose. End of nose very much inflamed externally.

Very sensitive and œdematous mucous membranes, with ulceration.

Face. At first ruddy glow on cheeks, afterwards death-like pallor; cold perspiration in beads on forehead.

Red, puffed, and in spots suppurating. Erythema beginning on face, gradually extending into the hairy parts and then spreading over whole body, taking eight days to do so; eruption glossy, rough, œdematous, with burning and smarting, aggravated by touch and cold air, ameliorated close room and sweet oil application. Fine bran-like desquamation.

Sensation of cobwebs stretched on face

Stinging, smarting and burning of face when touched.

Skin rough as a nutmeg grater, smarting, burning sensation, aggravated touch and cold air, ameliorated warm air and application of olive oil.

Mouth. Tongue coated, slimy; acrid taste.

Breath cold, musty odor.

Stomach. Nausea and vomiting.

Vomited copious, clear water, intermingled with white, transparent, gelatinous, coagulated lumps.

Abdomen. Colic.

Stool. Drastic purgation from large doses, mild laxative condition from smaller doses; followed several weeks afterwards by obstinate constipation.

Stools of white, transparent, gelatinous mucus, later mingled with blood.

(Berries used with much success in cholera morbus.)

Urine. Copious flow of urine.

Male Sexual Organs. Inflammation of scrotum, resulting in deep acrid ulcers, with intense itching and burning, < touching the parts and from washing. (Ulcers healed in two months under use of *Rhus t.*, *Graph.*, and *Nitr. ac.*).

Respiration. Labored breathing. Breath cold, musty odor.

Cough. Cough, first a hacking as from inhalation of Sulphur, later on paroxysmal-like whooping cough, in regular paroxysms ending in diarrhoea and vomiting every 15 minutes, with sleepiness between each paroxysm.

Heart. Weak and fluttering heart action.

Pulse 120, full, bounding, somewhat irregular.

Sleep. Restlessness at night.

Sleep disturbed; anxious dreams.

Sleepiness between each paroxysm of whooping cough.

Fever. Temperature 104½ in axilla.

Body at first bathed in profuse perspiration, standing out like beads on forehead; later cold clammy perspiration on forehead.

Skin. Erythema beginning on uncovered parts on face and spreading over whole body; glossy, rough, œdematous, with burning and smarting, < touch and cold air, > close room and sweet oil application. Fine bran-like excoriation following in the wake of the erythema. Eruption rough, scaly, smarting and burning; when scratched formed deep ragged ulcers; skin where ulcerated remained red for a month or two.

The time of action, even though greatly ameliorated by remedies, seemed to be eight days.

Relations. Antidoted by *Rhus tox.* (skin symptoms), *Veratr. alb* (vomiting, purging, cough and coma). Ulcers healed under *Rhus tox.*, *Graph.*, and *Nitr. ac.*

A CORRECTION—IRIS TENAX.

10 Newton Place,
GLASGOW, SCOTLAND, 10-7-1900.

Dear Doctor.—I think you might mention in the JOURNAL that Heath, of London, has ascertained that the plant named Iris Minor, by Dr. G. Wigg, and the proving of which appears in the *Medical Advance*, Vol. xvii., p. 235, is wrongly named—the proper description being Iris Tenax.

I find this in the July number of the *Homœopathic World*.

Yours,

R. GIBSON MILLER.

PERSONALS.

Prof. Kent has opened an office for consultation and office practice in Suite 707, Stewart Building, No. 92 State street, Chicago.

Dr. Harvey Farrington, who has left Philadelphia to take a place in the corps of Dunham teachers, has settled at 891 Winthrop Ave., Edgewater, Ill.

Dr. D. Albert Hiller has removed to 1019 Sutter street, San Francisco, Cal.

Dr. S. L. Guild Leggett has removed to 207 Furman street, Syracuse, N. Y.

Dr. W. E. Ledyard has removed to National Bank Building, Berkeley, Cal.

Dr. P. L. McKenzie has removed to Macleay Building, Fourth and Washington, Portland, Ore.

Dr. T. N. Drake has removed to 150 Union street, Bangor, Me.

THE stomach that will not retain Dr. Guernsey's Perfection Liquid Food is about ready to go out of business.

ERRATA.

In Dr. Miller's article on homœopathics (August issue), at p. 211, 19th line, for "the less cop ous will be the eruption" read "the less coppery will be the eruption."

P. 220, line 6, for "symptoms" read "systems."

TRANSACTIONS OF THE SECOND SESSION OF THE AMERICAN HAHNEMANNIAN ASSOCIATION

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL, N. Y., THURSDAY,
JUNE 28TH, 1900.

FIRST DAY—AFTERNOON SESSION.

The second annual meeting of the American Hahnemannian Association was called to order at 4 P. M., and Frank W. Patch, M. D., of So. Framingham, Mass., was elected Chairman of the meeting. Owing to the absence of the Secretary, S. Mary Ives, M. D., was chosen to fill the vacancy. The meeting then proceeded to business, the first in order being the reading of the minutes of the last meeting, which were duly approved.

Under the head of Applications for Membership, the following names were presented: Howard Powel, M. D., Philadelphia, Pa., and John Storer, M. D., Chicago, Ill. They were unanimously elected to membership.

TREASURER'S REPORT.

Received in dues from members, the sum of	\$45.00
Disbursed, the sum of	7.30
Balance in hand	<u>37.70</u>

Report accepted.

NEW AND UNFINISHED BUSINESS.

Stuart Close, M. D., stated that he had been requested to present some amendments to the present Constitution and By-laws, and after the reading of the Constitution and By-laws he proceeded as follows: "You will have noted that as they were adopted there is no President; duties ordinarily belonging to the President have been placed in the hands of the Executive Board and of the Secretary and Treasurer. This has given rise to objection from a number of sources, and it seems best to present these amendments. They cannot be acted upon until next year;

an amendment to the Constitution must stand over for a year. Those who have objected say that without a President there is no one who can conveniently start the business in motion, that the members of the Executive Board being located in various parts of the country, either from lack of time, indifference, or something else, neglect duties that should be attended to until too late. We had an example of this last year. Therefore, in order that the business of the Association may be carried out with more facility, I offer these amendments:

1. To article 3 of the Constitution, by the addition of the word President, so that it shall read as follows: The officers shall consist of a President, a Secretary, Treasurer, and an Executive Board of five members.

2. To section 2 of the By-laws by the addition of the word President.

3. To paragraph 2 of Section 3 of the By-laws by striking out the words "shall appoint the Chairman of the various Bureaus."

4. By striking out section 4 of the By-laws.

ELECTION OF OFFICERS.

The following officers were unanimously elected:

Secretary—S. Mary Ives, M. D., Philadelphia, Pa.

Treasurer—Stuart Close, M. D., Brooklyn, N. Y.

Member of Executive Board—F. W. Patch, M. D., So. Framingham, Mass.

CHAIRMAN'S ADDRESS.

I feel very strongly that we ought to discuss the ways and means of carrying on this Society. If we are to have a Society of worth we ought to begin work in earnest and get some material together for the future. There are several good reasons why so small a number are present this year, but the conditions will hardly occur again, and if we show the absent members that we are alive and mean business I believe the life of the organization will be insured.

Dr. Morgan: I have thought several times, since the notice of to-day's meeting came to me, that a two days' meeting is too short, and I find others are of the same opinion. We ought to have arrangements made for a four days' meeting, a special programme for each meeting, and on each Bureau have some one

engaged previously to write a full paper or lecture on that special bureau; *i. e.*, a short paper on each bureau, which can be used for distribution among the people, giving them the reasons why genuine Hahnemannian Homœopathy is of the greatest advantage to them. This I would call the Missionary Bureau. I just ask you to think this over.

Chairman: Has any one else any suggestions to make as to the conduct of the Society?

Dr. Campbell: When Dr. Biegler was President of the I. H. A., several years ago, he issued a circular in relation to this question, and he said it could not be in accordance with the nature of such an organization that it should abound in numbers, and then he stated the essentials for becoming a thorough Homœopath, showing that it was not in the nature of things for numbers to abound; that it was not so important to have numbers, as to have the right quality. It was a beautiful circular. If we want numbers we can, of course, easily rake them in, but what we are looking for are those of the right quality to build up and make this a perfect body.

Chairman: There are a great many most excellent men and women that we have not, that is the trouble.

Dr. Loos: It might be well to consider the reasons why there are so few of the members present, perhaps we could get at a remedy.

Dr. Close: I have some means of forming judgment as to why so few are present to-day. I have received a number of letters in response to my requests for papers, and they show a number of different reasons for the absences. Some are personally unable to be present by reason of sickness, some by reason of sickness in their families, some are away on their vacation, some are indifferent. I think the element of sickness enters pretty largely into this meeting. I know quite a number who are personally ill, or have illness in their families, that makes it impossible for them to get away.

Dr. Loos: If sickness is the reason, of course we cannot help that; if it is indifference, we shall have to find out why it exists; if indifference to the cause, we cannot help that; if indifference to the interest of the meeting, we could perhaps help that. It occurred to me that if something more definite were known as to

what the meeting were going to offer, it might bring more interest.

Dr. Close: I think that is true.

Dr. Loos: I have never yet attended a medical society meeting that was a perfect success, and I should really like to attend one. It seems to me that there is such a large amount of indefiniteness about all the meetings that I have been invited to attend, and a good deal of it might be avoided by a more decided programme before hand, to know what you are going to see, hear or talk about.

Dr. Campbell: Well, they have existed, nevertheless.

Dr. Close: We have attended some of the meetings of the I. H. A. that were eminently successful.

Dr. Patch: I think Dr. Loos has hit the nail on the head very decidedly. I have a strong feeling that, in order to have a successful meeting, some one must be responsible for it and arrange a good programme in advance. We knew nothing about this meeting until a month or six weeks ago, and no work has been laid out except a most indefinite outline. There is no reason why we should not have grand meetings in this Association; there are several young graduates that have recently come on the scenes who ought to be here, and who will be here if we invite them and present matter of interest for their consideration.

Dr. Morgan: I think if we could get Dr. Kent here to deliver two or three good lectures, or some other good lecturers to talk to us, it would be something of interest for many to come that would not come otherwise.

BUREAU OF HOMŒOPATHIC PHILOSOPHY.

STUART CLOSE, M. D., *Chairman*.

ON THE STUDY OF MATERIA MEDICA.

FRANK W. PATCH, M. D., South Framingham, Mass.

The restless energy and unsteadiness of the American is evident even in the study of *Materia Medica*.

In reading the second paragraph of the *Organon*, wherein Hahnemann defined the ideals of a true physician, we are prone to

place greatest emphasis on the word "rapid," and pass lightly over a footnote at the bottom of the page in which the author states explicitly that the business of the physician is not to waste his time in constructing so-called "systems, hypotheses and speculations" concerning the nature of vital processes. We may not all agree in these latter conclusions, but most of us are satisfied that there are some lines where our energy may expend itself with vastly more use than in others.

It is, no doubt, best that the homœopathic physician is often something of a logician, otherwise he might not wholly appreciate his heritage; but all his best powers of thought and action should be brought to bear on his actual *work*, on the *use* which he is to accomplish in the world. In other words, on the restoration of health to the sick. The question which immediately confronts us is how this may best be accomplished. In general, we who have devoted our lives to the study of medicine, as evolved by Hahnemann, feel little hesitancy in regard to the course; but the details of our work may cause much confusion, and we are liable to waste valuable time in vain endeavors to devise some easy method whereby our ends may be accomplished. Such time would be spent more wisely in gaining a deeper knowledge of the material already at hand, and making closer application of the methods of our first masters.

Success in the practice of true Homœopathy, and by success I mean the ability to cure a fair proportion of our patients, is conceivable only under one condition, and that is a knowledge of *Materia Medica* on the part of the practitioner. The deeper this knowledge, and the more comprehensive his grasp of the essentials of our art, the greater will be his success. There is little room for theorizing in the actual practice of Homœopathy. We must know our drugs as we know our friends of life-long acquaintance, and apply their qualities to the relief of suffering humanity. How best to become intimately conversant with the characteristics of these individualities which make up our *Materia Medica* is the most vital part of our study. All our thought and action radiate from this center.

The Homœopathic *Materia Medica* is the central shaft of our art, and stands to-day as the great and lasting ultimate of the life of its originator. After the *Materia Medica* came the *Repertory*.

the key, the index, the legitimate office of which is to assist us in unfolding the knowledge of the great storehouse. *Thirdly*, we have been given the monograph on the therapeutics of especial diseases which has *no* legitimate office whatever, and the influence of which, in the study of *Materia Medica*, is wholly bad. The index conceived by Boenninghausen under the very presence of Hahnemann, used and commended by the latter, is probably the best illustration we can ever have of a perfect repertory. It illustrates the life and work of its maker as the *Materia Medica* does the life of Hahnemann, and is bound to survive. The "Therapeutic Pocket-Book" is complete, not in all minor details, to be sure, but in its conception and use. The tendency of modern repertories has been to excel in the elaboration of details, and to take on the characteristics of an encyclopædia of symptoms. Boenninghausen rejected this plan and made his repertory analytic in form. The former, in proportion to their very completeness in this respect, must fail in the highest use of the repertory—that of suggestive index to the individualities which make up the *Materia Medica*. The very incompleteness, in detail, of the Boenninghausen Pocket-Book is its strongest point of value, for the reason that it thus compels us to concentrate our chief study on the *Materia Medica* itself, whereby we become intimately familiar with the drugs which make up our armamentarium. It should be borne in mind that we do not need a catalogue of all the particular symptoms of the provings in order to become successful students; there is danger that we may contemplate the externals of drug pictures to the exclusion of the more vital part. We, as Hahnemannians, are often mentioned with scorn as mere "symptom covers." Let us take good care that this charge remains false, and prove by our work that Hahnemannian physicians study their drugs primarily as entities; that they recognize the comparative value of symptoms and use them in a legitimate manner for furtherance of a knowledge of the inmost character of each individual patient and drug.

Another section of our profession has long sought to eliminate most of the particulars from the body of the *Materia Medica*. This would be a fatal mistake, as in our actual study of drug pictures we need every detail in order to complete the identification.

In the repertory, however, we may best omit the majority of the details, as did Bœnninghausen, and rely on the broader characteristics, which, in study, will lead us to a certain group of remedies, for any given case; after this nothing but actual contemplation of the provings will serve to accurately determine a choice. Hahnemann and Bœnninghausen are models for us to ponder over in daily study. No doubt the wonderful success of the master was due in great part to the fact that he was intimately familiar with more remedies than any other man. He had proven them on his own person and knew their scope from actual personal contact. Each remedy was, to him, a tested quantity. Bœnninghausen, likewise, by close contact and large mental grasp of Hahnemann's work, had seemed to absorb its very essence, which he has well preserved in his printed works. It remains for us to so enter into the true spirit of the work of these men that we may grasp, as they did, the vital essence of our art, and spend no time or energy in fumbling over inconsequent details.

First, seek to know the patient through and through; keep at him by question and with observation until you understand his nature, and get into harmony with his mental grain, his daily habits and his action and reaction toward his environment. Then bring into contact with this individual some similar entity from the world of remedies, and you bring about the highest ideal of the homœopathic art—a cure. Study the individualities alike of people and drugs, but do not pore over long catalogues of particular and minor symptoms or waste time in the perusal of "key-note" systems and monographs. For instance—*Lycopodium* has cured a case of intermittent fever when it did not even enter into the study of the paroxysm—why? because this individual patient called for *Lycopodium* in her whole nature rather than by any passing conditions. The symptoms of the attack were characteristic of no one remedy more than a dozen others, as is so often the case. The encyclopedic repertory gives the student a phonographic picture of his case without the moving spirit of a man within. We should seek first the ego and, that found, the minor details will group themselves harmoniously about without effort or disturbance.

Monographs on the therapeutics of special diseases should be

classed with "specialties" in medicine. The tendency of each is to draw attention from the whole toward some part. Study of the monograph is one-sided and demoralizing. It tends to nurture an unworkman-like manner in the practitioner, and thereby injures his ability to grasp the *whole* of the case in hand, and bend his best thought toward understanding the inmost motive of his patient. No one has yet succeeded in compressing the whole man into any of his parts, and no one will ever succeed in writing a monograph which shall teach all there is to know of any one disease until he expands it to take in the whole of the *Materia Medica* and the natural history of all humanity. Each one of us, I am sure, can point to a long row of books on his shelves, written by men of undoubted ability and with an honest purpose, yet we do not study these books. We may open them and hastily glance at some point when in a hurry, but you will notice on examination that they do not bear the dirty thumb marks or worn pages of the favorite *Materia Medica* and repertory. We buy these monographs because we know that some hard-working, conscientious man has spent his midnight oil in their compilation. We feel that he should receive some compensation, but we do not really use his books. Further! we *must* not use them, lest we sacrifice our birthright for a "mess of pottage."

DISCUSSION.

Dr. Morgan: I was very glad to hear that paper; it gives me some new ideas, and, though I may not be able to express them, I can think them; it confirms me, too, in some of the old ideas that the value of Boenninghausen's Repertory is certainly great; yet to me it is rather hard to get at. But I get more out of it than out of any other repertory for general practice. The ideas conveyed throughout the paper are most excellent; I should like to hear the opinion of others.

Dr. John Campbell: I think anyone listening to this paper must be struck with the fact that it bears the stamp of a Hahnemannian and no other man's experience. I cannot think it all out now, there is too much to be considered.

Dr. Carleton: We cannot all study the *Materia Medica* in the same way; I never made any headway until I got hold of Hering's *Characteristics* and learned them; the first one I learned was Aconite, the next Sulphur, the next Calcarea, and so on. Each one I learned thoroughly, and would make my room-mate question me; so I went on learning the thirty odd remedies, until I could stand being cross-questioned in every conceivable manner. I listened to Hering's lectures in the old college on Filbert street, but I was not far enough advanced to appreciate all that wise man said. The last year of my college life I was in New York, where I had the privilege of listening to that master teacher of *Materia Medica*, Dunham. He would say to us: "You see that long string of horses going through the street, all fastened together, and one man guides them, so let one symptom suggest another." It was his way, and it was mine. By one association I would get one symptom, and then make comparison with another remedy. When I got into practice, it seemed a terrible thing; it seemed that I never should have proficiency in the *Materia Medica*, and I think I never should had I not learned from Lippe how to discern characteristics in patients and drugs; that was invaluable to me, and it taught me how to use Bönninghausen's *Repertory*, for that was a corker.

Dr. Morgan: Please tell us, I want to know.

Dr. Carleton: It takes time, but that was the way I got started in *Materia Medica*, and just a little bit at a time.

Dr. Campbell: I think, as Dr. John has said, it is experience that has enabled Dr. Patch to sit up on this lofty pedestal and come to the conclusion that Bönninghausen's *Repertory* is the best one to learn by, to study from. But I do not believe that Dr. Patch got there until he had wasted a long time in doing the very thing that he advised us not to do. I find that after many years Bönninghausen's *Repertory* is the one to stand by, and I feel more satisfied with my conclusions when I draw them from that book; I feel as if I had got more inspiration when I consult that book. Nevertheless, as Dr. Morgan says, tell us how to do it. It is enough to turn anyone's hair grey, and make them feel that they will never succeed, still I can only say that poor Hahnemannian Homœopathy is better than mongrel Homœopathy, and

that is the book I should urge anyone to begin with, and try to learn, not to fight shy of it at first, but to get into the spirit of it.

Dr. Loos: In listening to that paper I was reminded of the feeling that I had in studying, a feeling of intense wonder at Hahnemann accomplishing what he did, when he had no *Materia Medica* to work on, and had to build it all. It is such a delight to feel that there is the remedy image to consult, and when you do know the image and see it in the patient it all seems delightful; but when you think back to Hahnemann, he had nothing with which to compare his patients. I have more and more respect for his work every time I use the Repertory, and can really appreciate it. Then, too, you realize that proving those remedies himself, he had in his actual experience the images of them. When I have a patient in whom the remedy is clear I can study the patient so much more clearly; it is not memory, then, it is knowledge, and all the little points fit in, they all belong there. When you find the constitutional remedy nothing that the patient does surprises you, you have got him where you know just what he will do next. When you have the image of the remedy in that way it is not memorizing. I think advice for using a repertory would include an understanding of Homœopathic Philosophy first of all. You have got to know where the symptoms belong, and what each symptom means in the case, before you can use any repertory, no matter whose it is.

Dr. Gladwin: Perhaps I could tell Dr. Loos about using the Repertory without a knowledge of the philosophy of Homœopathy; I tried it years ago. It was a wild, dreary hunt in chaos for strange symptoms and keynotes, and the patient was little benefited. With the knowledge of the philosophy came the understanding of the value of symptoms, then order came out of chaos, the work was made easy, and the patient responded to the remedies.

I understood the doctor to say that Bœnninghausen's was the best Repertory, because it did not go into detail. I do not agree with him; a repertory cannot be too complete. In studying cases, we first find the general then the particular symptoms. Bœnninghausen's Repertory deals with generals only. Many times our cases present so few generals that we must use the particulars.

The Kent Repertory gives both the generals and the particulars. Far be it from me to under-rate the Boëninghausen Repertory; it has served me well for years; but since using the Kent Repertory I have done better work. I have cured cases that I could not have helped without it, because all my other repertories together did not lead me to the remedy that cured.

Dr. Close: As the discussion has reached this end of the table, and as my paper on the Art of Generalizing may be considered as an expansion of the principles underlying the paper which has been already read, I will make my paper a contribution to the discussion of Dr. Patch's paper.

THE ART OF GENERALIZING.

BY STUART CLOSE, M. D.

Borough of Brooklyn, City of New York.

"There are, and can exist, but two ways of investigating and discovering truth. The one hurries on rapidly from the senses and particulars to the most general axioms; and from them as principles and their supposed indisputable truth derives and discovers the intermediate axioms. This is the way now in use. The other constructs its axioms from the senses and particulars, by ascending continually and gradually, till it finally arrives at the most general axioms, which is the true but unattempted way." Bacon: *Nov. Organum*. Axiom 19.

"The mind begins to generalize as soon as it knows that several perceived objects are different as individuals, and yet are in any one alike." Porter. *Human Intellect*.

The distinguishing trait of the Hahnemannian prescriber and student of *Materia Medica* is truly said to be his invariable habit of individualizing, and this is necessary to a correct application of the principles of Homœopathy.

One of the means by which we individualize is generalization. This process we all use, consciously or unconsciously, intelligently or ignorantly, as the case may be. If one may judge from the

numerous examples of hasty superficial and unscientific generalizing in our literature, it is a process to the principles of which very little study is given. In the so-called "pathological prescribing" we have many "vague generalities" set forth as the basis of prescriptions, but very little, if any, correct generalizing according to the principles of inductive philosophy.

Allopathic literature is full of specimens of the wrong way to generalize. Its *Materia Medica* is little else than a stupendous collection of spurious generalizations based upon the slightest foundation of actually observed facts. Consider a few samples. A standard author, treating of Chlorate of Potash, mentions, among a miscellaneous collection of details, pathological, therapeutical and speculative, the following true observations of its action upon the mouth. "The surfaces of the tongue and gums are of a florid red." "A sense of constriction of the mouth occurs." "The gums felt rough, the saliva somewhat increased and more fluid than usual." "Copious salivation, with a saltish taste in the mouth." Then follows the generalization. "These facts prove(?) that the medicine is a powerful stimulant, and that it is curative of the various diseases in which it is administered by virtue of its stimulant power." There is a feat in mental legerdemain worthy of a Hermann. A momentary juggling with a few facts in a bag of theories and, presto! you have a full grown generalization before you, like a rabbit in a bottle. Query: How did the rabbit get into the bottle?

That Iodine causes emaciation is a simple statement of a fact. That it does so because it "stimulates the absorbent system" is merely a theory, having its basis in the imagination of the author, whose generalization violates every rule of the inductive method. In a record of the depressing effects which Mercury produces upon the nervous system, this passage occurs: "It is alleged that these facts are traceable to the direct action of the mercurials upon the nervous centers, by means of which their fatty constituents are removed."

Compare these refulgent specimens of allopathic wisdom with Hahnemann's generalization of the action of Arsenic in cases of slow poisoning: "A gradual sinking of the powers of life, without any violent symptoms; a nameless feeling of illness, failure of

the strength, an aversion to food and drink and all the other enjoyments of life." Here we have a direct, graphic, comprehensive and artistic characterization, in general yet perfectly truthful terms, drawn from carefully observed data, by which a picture of the drug's action is impressed vividly upon the mind, and our knowledge of *Materia Medica* substantially increased. In the other examples we have indirect inferences from processes of reasoning upon insufficiently and even incorrectly observed data. Such a mode of deduction, by embodying facts of science in generic propositions, from which inferences are drawn, is subversive of all real scientific progress. And yet this pernicious method held full sway in the medical world until the time of Hahnemann, who was the first to break away and to form a school of medicine upon the principles of the Inductive Philosophy as laid down by Lord Bacon over two hundred years before. The followers of Hahnemann walk in the light which shineth more and more unto the perfect day. The rest of the therapeutic world walk as yet in darkness. Lord Bacon says (Axiom 20): "For the mind is fond of starting off to generalities, that it may avoid labor, and after dwelling a little on a subject is fatigued by experiment. But these evils are augmented by logic for the sake of the ostentation of dispute." Yea, verily!

The Inductive method in science is cumulative and evolutionary. It eliminates every element of speculation and deals only with established facts. It takes nothing for granted when data are concerned. It ignores no fact, no matter how trifling it may seem. It confines its operations strictly within the limits of the subject directly in hand. Its deductions are always direct, never indirect. It never makes an inference or deduction from a process of reasoning, or from theoretical grounds, but always from carefully observed facts. A generalization made according to the principles of the Inductive Philosophy stands in direct and logical relation with the data from which it is drawn, and includes them in their essential features. It is arrived at through a series of steps or degrees, in which each conclusion rests firmly upon the preceding steps.

Mills, in his *Treatise on Logic*, says: "A general truth is but an aggregate of particular truths; a comprehensive expression by

which an indefinite number of individual facts are affirmed or denied at once." A generalization is the process of obtaining a general conception, rule or law, from a consideration of particular facts or phenomena. A generalization is not possible until the mind has grasped and assimilated all the particulars which enter into its formation. Then they take on form and individuality and are seen as a whole. The mind recognizes and perhaps names the identity, or describes its characteristics in comprehensive phrase. Details enter into its minor generalizations, and minor generalizations into major, until one grand all inclusive concept or principle is seen and stated. Such is *Similia Similibus Curantur*, one of the grandest and most far-reaching generalizations ever made by the mind of man. Its scope no man has ever yet compassed. We have a fair comprehension of its application in healing the sick by the use of medicine, but of its application in the realms of ethics, for example, to which it obviously stands related, we have only begun to have an inkling.

The value of a generalization depends primarily upon the data from which it is drawn. We have seen that these must be accurate and complete. The mistake is constantly being made of attempting to generalize from insufficient and hastily gathered data. This is as true of the homœopathic doctor who rushes into the sick room, asks a few hurried questions, looks at the nurse's chart and makes a "snap-shot prescription" as it is of the pathologist who jumps to the conclusion that microbes are the ultimate cause of disease because he has failed to see beyond the microbe with his microscope.

Hahnemann's rules for proving, and his instructions for examining a patient, all laid down in the Organon, conform in every respect to the strictest requirements of the Inductive Method. These sections should be read daily until they are fully absorbed and assimilated. Upon the art of correct generalizing depends all successful work as a homœopathic prescriber. Mere mechanical comparison of one single symptom with another is but little better than pathological prescribing. The simillimum will but rarely be found by either method. As well might a general expect to win a battle by trying to marshal each individual soldier in his army against each individual soldier in the enemies' army. He must

group his men into companies, his companies into regiments, his regiments into brigades and the whole into a great army, and direct its movements as a whole. The individual soldier is the unit of strength, but the units must be massed and graded and drilled according to scientific principles until they act as one man. This gives what the French significantly call "esprit de corps." The army of individuals comes to have an individuality as an army, one spirit and purpose permeating the whole. In like manner must the symptoms of a proving, or of a case of sickness, be graded and grouped and studied, until the individuality of the remedy appears distinct and clear before the mind.

Let it be noted that the study of *Materia Medica* and the study of a case at the bedside proceed in an exactly similar manner. As Dr. Kent has recently said: "If we have learned to study the *Materia Medica* we have learned to study sickness; if we have learned to study sickness we have learned to study the *Materia Medica*; but we can never study sickness intelligently until we have first learned to study *Materia Medica*." The *Materia Medica* is but the representation of the sickness of humanity in all its phases and features and is its exact counterpart. Here is the basis of all our practical work, and everything else must be subservient to this, for "the physician's high and only mission is to restore health to the sick, to cure as it is termed."

The attempt to obtain a practical grasp of the *Materia Medica* by merely memorizing details or single symptoms is useless and impracticable. The provings must be studied, as to leave upon the mind an image, a concept of the individuality of the drug as a whole, so that it may be recognized as we recognize any other individual or person. The memorizing of single symptoms, peculiar in themselves, has its place and value, but it is secondary in the larger scheme under discussion.

When a miscellaneous collection of data is submitted to the mind for comprehension, it immediately begins to compare, arrange and classify similar and related phenomena according to some comprehensive plan, in order that it may discover general characteristics, if possible, which may again be grouped in such a manner as to develop form and individuality in the whole. This is generalizing, and is the method employed in the study of

Materia Medica from the provings. In this way "keynotes" or "characteristic symptoms" are discovered. A "keynote" may be defined as a concise statement of a single characteristic feature of a drug deduced by a critical consideration of its symptoms as recorded in a proving. In other words, it is a minor generalization, based upon a study of particulars. It is not a single symptom as stated or observed by a prover in describing his sensations, for that which is characteristic in any large way of a drug is never shown in a single symptom. Thus the statement that the Pulsatilla case is worse in a close or warm room is a generalization drawn from the observation of particular symptoms in numerous cases, both in provings and clinically. The same is true of nearly every condition of aggravation and amelioration contained in Boenninghausen's Repertory, the greatest masterpiece of generalization in our literature. Experience has shown, moreover, that these conditions or modalities of Boenninghausen are general in their relations. The attempt to limit the application of the modality to the particular symptoms with which they were first observed has not led to success. Boenninghausen did his work well, and he followed strictly the Inductive Method. Of these modalities he wrote: "All of these indications are so trustworthy, and have been verified by such manifold experience, that hardly any others can equal them in rank—to say nothing of surpassing them. But the most valuable fact respecting them is this: That this characteristic is not confined to one or another symptom, but like a red thread it runs through all the morbid symptoms of a given remedy, which are associated with any kind of pain whatever, or even with a sensation of discomfort, and hence it is available for both internal and external symptoms of the most varied character." In other words, they are general characteristics, deduced by critical study of particulars.

The highest type of generalization in the study of Materia Medica is that which results in bringing before the mind's eye, the imagination, the picture of the drug in human form, as an individual whose features we recognize as we do those of a friend whom we meet on the street. And this is possible. Did it ever occur to you that the artist in Materia Medica draws for you the portrait of a man, or a woman, as the case may be? He intro-

duces us to a personality. Taking the material furnished by the prover, and following anatomical and physiological lines, he delineates a human figure, first in bold and sweeping outlines, then in finer and more characteristic touches which give individuality. Even the mental traits and peculiarities are all there. True it is, a sick man is portrayed, but none the less does he possess all the traits of humanity. We do not love our friends the less when they are sick. They may even possess additional elements of interest for us because they are sick. And so these ghostly forms which the *Materia Medica* wizard has conjured up out of the vasty deep are friends of ours, and allies, inhabitants of a spirit-world from whence they are ever ready to appear at our bidding. Our knowledge of the Law of Cure and of Potentiation gives us control over such spirits, and we may say, with the disciple of old, "even the devils are subject to us," for substances like the *Crotalus* or *Lachesis*, which in their crude state possess properties simply devilish in their terrible malignity, by potentiation become beneficent healing remedies full of blessing to suffering mankind.

Mention of potentiation reminds us of another magnificent generalization of Hahnemann, second only and correlated to the great fundamental principle *Similia Similibus*, viz., the law of potentiation. This also was a legitimate and scientific deduction made at the conclusion of a most careful and elaborate induction, in which every fact had been carefully weighed. It was based upon actually observed facts.

In our daily work, however, we deal mostly in minor generalizations. In using repertories, notably Bœnninghausen's, which all Hahnemannian prescribers use, we constantly generalize. We bring together and correlate the partial disconnected statements of the patient into complete and rounded wholes which may, perhaps, be characterized by a single word corresponding to a rubric in the repertory. Take, for example, the word "maliciousness," classified by Bœnninghausen under the general heading "mind." At first thought that would seem to be a single, simple symptom; but a little reflection will show it to be a generalization, drawn from a number of observations. Rarely will a patient state, or even admit on being directly questioned, that he is maliciously

disposed. If it is a fact it will be deduced by the discerning physician from a number of facts learned directly by the inductive process. The same is true of a great number of mental states. We become aware of them in the course of our careful observation and study of the case, by piecing together detached bits of evidence.

General characterization of mental states is the most difficult of all, and requires the exercise of the highest powers of the physician. In difficult cases of nervous and mental disease the physician must be a trained psychologist and a logician, as well as a most alert and accurate observer.

Reviewing the points touched upon, the principles which govern the art of generalizing may be summarized as follows:

1. The mind must be freed from the bias of pre-conceived opinions and theories.

2. The subject must be clearly defined, or restricted within definite limits.

3. The phenomena must be determined by actual observation and experiment, with a single end in view, viz., the truth.

4. All the phenomena must be gathered, if possible. No fact must be omitted, however trifling it may seem.

5. No phenomena are to be admitted to the induction of a study but those elicited by its own processes in its own province.

6. The facts are to be embodied in words and recorded with exactness and precision.

7. The phenomena must be recorded in terms of simple fact, free from speculation about their causes.

8. The facts having been ascertained and clearly stated, they are to be arranged in their natural relation to each other and to the subject of the inquiry by comparison and analysis.

9. Generalization proceeds by bringing together similar and related phenomena into groups, considering them in their relation to each other and to other groups, deducing their general characteristics and stating them in simple comprehensive form.

10. Particulars appropriately grouped lead to minor generalizations, which in turn lead to greater generalizations, but always as required by Lord Bacon's formula, "ascending continually and by degrees." "The most rigorous conditions of gradual and successive generalizations must be adopted."

11. Nothing should be deduced from the facts of observation except what they inevitably include.

12. At every stage of the investigation, the analysis of the phenomena must be carried to its utmost limits before the process of synthesis is begun.

The faithful and continual application of these principles in our daily work will make us all better physicians and truer men.

DISCUSSION.

Dr. Morgan: One particular point in that, among many of the other very valuable points, was the importance in examining the case to avoid pre-conceived notions. I have often noticed in examining a case, if the patient states that Dr. So-and-so had diagnosed the condition as this or that it stands very much in my way. I want the thing clear from pre-conceived notions, so that I may be free to study it myself. Where I can avoid giving a diagnosis, I get along a great deal better. I often tell the patient: "I do not want to make a diagnosis until the prescription is made, and then we will diagnose it." I get along much better by not thinking of the disease at all, but by thinking of the condition of the patient.

Dr. Ives: The paper is certainly a most excellent one; what we, as homœopathic physicians, need is to emphasize this art of generalization; the totality of the symptoms must always stand foremost in making a prescription.

Dr. J. Campbell: The remarks of Dr. Close I would put in another way, approaching the solution of the problem by way of the psychical side by preference. Personifying remedies is nothing more nor less than that; proceeding on the psychic basis, one includes much more than the mere learning of remedies, and attains to more perfect comprehensiveness of methods and results than is included in the former process alone. I think the remarks of this paper have a strong tendency toward that attitude and method.

Dr. Carleton: Bacon, in my estimation, was one of the greatest men that ever lived. I wish that the English translation of his *Principia* were in every library, so that they would be seen

oftener. Certainly his Inductive Philosophy was one of the greatest things ever brought to light. I have often wondered whether Hahnemann was familiar with Bacon. He never quotes Bacon, but he goes right at his subject in the way that Bacon does. When you come to Hahnemann, I must say what I think, and I say it with all reverence, I think he stands next to Jesus Christ. Jesus Christ came to this world and showed us how to live and how to be saved from our sins; Samuel Hahnemann gave us the law of cure, and told us how our bodily diseases and many of our mental diseases could be cured. I think that stands only second to the other. Every bit of work that we accomplish, every result that we achieve, is work in that direction. We must follow the inductive plan.

Dr. Campbell: Yes, that is the prevailing idea in the paper, and I think as we get older and live longer we will find it is the only way to arrive at any truth, whether of medicine or anything else. We rest upon it for our solution of disease cause, and, in fact, philosophy of all kinds; any information of faith or belief is based upon the inductive method of reasoning. That is a fine paper.

Dr. Loos: When I began to study Homœopathy I was struck with the unity of the philosophies of modern times. I had been very much interested in kindergarten training, had expected to become a kindergarten teacher but gave it up, yet I knew enough of such training and pedagogy to realize that reasoning in education was to work from within out, and that everything was expressed from within out; *i. e.*, from centre to circumference, and that these principles were arrived at by that same inductive method. Later I took up the work of expression in oratory, and there I found the same thing brought out very strongly, from generals to particulars. When I came to Homœopathy, I found the same thing stronger, and filling out the philosophy of modern times in every branch; you find it everywhere, generals first and then particulars. I have never realized really what help people get from keynotes, learning keynotes; sometimes I have heard the keynotes and understood them at the time, but after studying the remedy I have tried to get a general picture and have found after getting the picture of the remedy in mind

pretty thoroughly the patient will bring out one of these well worn keynotes and there comes to me a sort of astonishment that I should never have seen it before; it belongs right there. Some physicians would have prescribed the remedy right on that one thing. It is a particular, and the generals had been more impressive, therefore I did not think of it. The more we go into Homœopathy, the more we learn to rely upon generals.

Dr. Gladwin: Keynotes are all right if you have the generals of the remedy, but if you have a case on which the keynote happens to be a weak particular and the generals are not there to guide you the keynote of the remedy will lead you astray. It is much easier to see a picture of the remedy in the *Materia Medica* than to find it in the patient. You can go over the remedy in the *Materia Medica* and find what generals it has, and what particulars, but your patient will give you a few particulars only and say that is all; no, you say, that is not all; well, that is what I want to get rid of, just prescribe for that. But you cannot prescribe for that, even though it happens to be a keynote and unless patients can tell enough to show you the remedy picture, they must wait.

Chairman: I think that paper of Dr. Close's is one that would be very well adapted for general publication outside of medical literature there are few papers that are suitable for educating the laity. It seems to me that it would be well for the Board who has publication matters in charge to consider this paper in that light, for publication in a popular Science Monthly class.

[*To be Continued.*]

HAHNEMANNIANA.

The medal, of which we give a half-tone, is the medal struck in commemoration of the fiftieth anniversary of Hahnemann's graduation. It is in the possession of Dr. Lydia W. Stokes, of this city, who obtained it from an old patient of Dr. Hering, and who entrusted it to us for reproduction. The inscription on the face of the medal is:

Samuel Hahnemann Natus Misenæ D.X Aprilis MDCCLV
 Doctor creat. Erlangæ D.X Augusti MDCCLXXIX.

And on the reverse:

Medicinæ homœopathicæ auctori discipuli et amici
 D.X Augusti MDCCCXXIX

SIMILIA

SIMILIBUS.

The letter was kindly lent to us by Dr. Mary Branson, 1719 Arch street. The following is a translation of this interesting epistle:

DR. HERMANN LÖVY IN PRAGUE.

To what you complain of, dear friend and colleague, namely, that you are overloaded with patients, I must reply with a similar complaint. Neither can I avoid the rush of the daily increasing patients, and would soon have succumbed if I had not got a homœopath (although not thoroughly qualified as such) as an assistant physician, but who requires, in order to perform cures, very much of my assistance.

I am rejoiced in the meantime to hear of your good health and of the distinguished recognition you enjoy, as well as by your continued affection for me. Should you gain sufficient time to enable you to describe your cures of cholera, I would publish your essay to the world, with credit to you, in the *Allgemeine Anzeiger der Deutschen in Gotha*. I beg you for it, if it is possible for you, also for the continuation of your friendship for your devoted

SAM. HAHNEMANN.

Cöthen, Aug. 8th, 1832.

EUPHORBIA LATHYRIS.

When returning the revised proving of *Euphorbia lathy.*, Dr. Oberg wrote:

Have since helped, if not cured, a case of periodic erysipelas, with drop doses of the tincture, and a case of œdema of the lungs, in which the chief symptoms were the engorgement of the mucous membrane and the hacking cough as from sulphur fumes and great dyspnœa. The relief was immediate and lasting. I did not repeat the remedy after improvement set in.

I herewith send you some of the alcoholic tincture, but do not think it is as potent as the green drug and the dried berries. Please make a proving.

I am respectfully,

JOHN U. OBERG,

3237 Ellis St.,

Berkeley (Lorin Station), Calif.

BOOK FOR REVIEW.

LECTURES ON HOMŒOPATHIC PHILOSOPHY, by JAMES TYLER KENT, A. M., M. D., Professor of Materia Medica and Homœopathics in Dunham Medical College and Post Graduate School of Homœopathics, Chicago, Ill. \$3.00. Orders will be received by the *Journal of Homœopathics*.

At last we have before us, in convenient form, what has hitherto been the possession only of those who were fortunate enough to be students at the P. G. School of Homœopathics, viz.: A complete course of lectures on homœopathics by Prof. Kent. The lectures were first published in monthly parts in the JOURNAL, but now, in somewhat revised form, Hahnemannians may obtain in one volume the cream of the experience and observation of one recognized as a leader in Homœopathy. The general style and the unique character of Prof. Kent's teachings, and our estimate of their value, are well known to our subscribers, and, therefore, we will not at present enter into a further discussion of this volume, but we hope to give later the comments of others.

REPRINTS.

The Preface, in this issue, completes the little work on Aggravations and Ameliorations by Bœnninghausen. We have had reprints made of the book, and will supply copies, bound in paper, on receipt of the price, which only covers the cost of printing.

In response to repeated enquiries, we would also say that Dr. Miller's Synopsis of Homœopathic Philosophy can also be obtained as a separate pamphlet by those desirous of having this excellent resume of homœopathics in convenient form.

The New York School of Clinical Medicine has not been discontinued. Will you kindly publish this statement in order to refute the erroneous announcement to the contrary appearing in a few of the Medical Journals?

Very truly yours,

MARCUS KENYON, M. D.,
Secretary N. Y. School of Clinical Medicine.

July 12th, 1900.

CONTRIBUTIONS

TOWARDS A KNOWLEDGE OF THE

Peculiarities

OF ALL

HOMŒOPATHIC REMEDIES

WHICH HAVE BEEN, THUS FAR, FULLY PROVED,
IN REGARD TO

Aggravation or Amelioration

OF THEIR COMPLAINTS
ACCORDING TO THE

Time of Day and Circumstances,
and
Their State of Mind,

BY

DR. C. VON BŒNNINGHAUSEN,

ROYAL PRUSSIAN COUNCILLOR OF STATE; GENERAL COMMISSIONER OF APPRAISEMENTS;
PRESIDENT OF THE BOTANICAL GARDENS; AND ACTIVE HONORARY
AND CORRESPONDING MEMBER OF SEVERAL
LEARNED SOCIETIES.

SECOND EDITION.

TRANSLATED BY C. T. MIEG, A. M.

OFFICE OF THE JOURNAL OF HOMŒOPATHICS,
612 NORTH SEVENTH STREET,
PHILADELPHIA, PA.

1900.

*Discite naturam, eamque sequi; illa enim a nemine edocta, citraque
omnem disciplinam efficit ea, quae conveniunt.*

HIPPOCRAT. LIB VI; PAGE 5, 2.

TO THE HONORABLE
FOUNDER OF HOMŒOPATHY,
HOFRATH DR. SAMUEL HAHNEMANN,
AS A TOKEN
OF SINCERE ESTEEM,
DEDICATED
BY
THE AUTHOR.

PREFACE TO THE FIRST EDITION.

Considering the innumerable surprising cures wrought through Homœopathy, in both acute and chronic diseases, this method of healing would doubtless find many more disciples in the medical world if its practices were not subject to some difficulties far from trifling. It is not only a time-absorbing, but also a troublesome business, to investigate carefully into all the characteristic features and peculiarities, and to gain perfect information concerning the present state of mind of the patient in every individual case of sickness, whether belonging to an epidemic or to the diseases sufficiently designated by name; and then the choice of a suitable remedy, on the principle of similars, according to its pure action, offers again new difficulties, and we are often entangled in such a mass of difficulties that it is not surprising if the less experienced homœopath, not to speak of the beginner in this method of healing, is not able to extricate himself. Without doubt, on this account, and also on account of the unsuitable selection of the remedy which frequently follows therefrom, is to be seen the reason why the latter does not accomplish the desired result. Every beginner will probably at times have seen, what in the case of experienced and observant homœopaths is recurring more and more rarely, that, even with very careful selection and apparent adaptability of the remedies, success does not always come up to the expectations, and at times no action at all or even an aggravation of the patient's troubles ensues. In such cases we may safely depend upon it, either that the remedy given has been formerly misused in allopathic doses and on that account its symptoms have become habitual and very manifest, or that, on account of the oversight of one or more symptoms of the disease which would contra-indicate the remedy, its choice was a mistake and therefore without effect. In the former case there will be, as a rule, an increase in the patient's sufferings, in the latter no noticeable

change will be observed; in the former case there must then be made an attempt to destroy the old drug disease by homœopathically selected antidotes, and in the latter case by a careful examination of the disease image, and by a circumspect selection of the remedy, the previous mistake should be rectified. It would betray a great want of logical sequence and would denote a contradiction in itself if one, from such experiences, were to form conclusions concerning the unreliability of the homœopathic foundation principle (*similia similibus*). For apart from the fact that almost everyone has ultimately had the opportunity to convince himself of one or the other of the above-named causes, there would still remain to be explained away the much more frequent cases in which such rapid and lasting cures are accomplished that they frequently surpass the expectations even of the physician himself. One would be obliged to set up the contention that there existed in nature no sound therapeutic principle, a contention which probably nobody would like to defend.

Accordingly we would expect that to all physicians, honestly seeking after the truth, every labor, be it ever so trifling, must be welcome, if it serves to advance this (as the honorable *Hufeland** terms it) "solely direct curative method," namely, the homœopathic, and assists in the selection of the proper remedy. The compiler of the following tables has not hesitated therefore to consent to the many requests of homœopathic physicians, and even the urgent demand of the worthy founder of this science of cure, to make them known through the press, after having been kindly revised by Hofrath *Hahnemann*, and after making some changes and improvements on the form in which they had already been communicated in manuscript to the nearest homœopathic friends. Without laying a great value upon the work, which contains no more than a tabulation of that which is already known, it is intended to afford an easier comprehensive survey of some peculiarities of the remedies which have hitherto been proved on healthy persons, and to facilitate the work of those homœopaths who recognize the great importance of such a compilation. We need scarcely be reminded that in several reme-

* Journal der praktischen Heilkunde von Hufeland und Osan, 1830, Februar, p. 13.

dies, and especially those only partially and imperfectly proved, many uncertainties exist, and doubtless mistakes have occurred which only by further proving can be discovered and corrected. In the meantime only that could be used which we possessed, for homœopathy never allows of hypotheses and suppositions, and never borrows from the realm of opinions,* but understands the art of securing out of the realm of reality the pure truth.

The similarity which must exist between the natural disease and the pure effects of the homœopathic remedy, in order that the latter may be able to eradicate the former, must be complete in every respect. It is, therefore, not sufficient to have found a remedy which is able to excite similar sufferings to those about which the patient complains, and much less if this similarity be confined merely to general names (such as headache, toothache, bowel complaint, cramps and so forth), as some very ignorant persons indeed are not ashamed to falsely attribute to Homœopathy. If the selected remedy is to prove reliable and successful, its pure effects must be adapted to the entire group of symptoms present, *the conception of the totality of the disease symptoms*, and, therefore, not only the sensations and pains, but also the aggravation and amelioration of the symptoms according to time and circumstances and the mental condition of the patient must correspond to all these in the remedy with the greatest possible similarity. Only when the totality of the symptoms has been obtained with completeness and exactness and when among the proved remedies one is found which corresponds to the whole in similarity, or at least is in no way contra-indicated, may we be sure of the desired success, provided that the remedy has not been already misused in massive doses, and that now only so much is given, as, according to experience, is sufficient to accomplish the object.

Those who are already acquainted with Homœopathy and have seen its wonderful effects in diseases of the most diverse kind need, in order to appreciate the preceding, only think of the

* "Where it is not a question of *knowledge*, where all only have *opinions*, one opinion is worth as much as another." Girtanner Ausf. Darstell. des Brownschen Systems, II., p. 608.

peculiarities of the *Küchenschelle* (*Anemone pulsatilla*) and the *Brechnuss* (*Strychnos nux vomica*), the knowledge of which we must attribute to the immortal founder of the art. Out of the numerous symptoms of these two excellently proved polycrests a great number of disease images may be formed, corresponding as strongly to the one as to the other. Even that which we know as especially characteristic of both is nowhere so sharply demarcated as to prevent many symptoms from manifesting quite a similarity or even contradicting each other. If then without reference to the predominating peculiarities of each remedy a selection is made, it may not infrequently happen that the improper remedy is chosen, because according to a few fragmentary symptoms it seems to correspond more nearly to the present case of sickness. The mistake lies, not in the principle of the homœopathic method nor even in the manner of selection itself, but in beginning with an insufficient conception of the totality of the symptoms of the disease and the totality of the symptoms of the remedy. The *Küchenschelle* (*Pulsatilla*) has not a few symptoms in the morning, in the open air, and while moving, just as the *Krähenaugen* (*Nux vom.*) has several in the evening, in the room and during the rest of the body. If we then confine ourselves, unintentionally, only to these symptoms, we will find that we have selected an unsuitable remedy and cannot, therefore, see the hoped-for success. It is consequently of the utmost importance to become thoroughly acquainted with the characteristics and peculiarities of every remedy, and especially of the antipsorics. All of these possess the power to eradicate the sad consequences of one and the same miasmatic evil foundation, and have, therefore, for the most part the same sphere of action, and there is between them a very great similarity in their effects. Notwithstanding each of them has its own peculiarities, just as the other medicines have, and never can one be used instead of another with the same favorable results. In the most surprising manner was this shown during the present year in the frequent intermittent fevers, which were for the greatest part apparently of a psoric nature, and could, therefore, in most cases be permanently and safely cured only by antipsoric remedies * Nearly

* In the latter half of the summer *Calc.* was most frequently indicated and proved rapidly efficacious. Whether the reason for this was to be

all the antipsorics known up to the present time were then used, according to the similarity of their symptoms, without the possibility of giving a preference to one over the other, and, when a proper selection was made, especially based upon the symptoms occurring during the apyrexia, their great curative power demonstrated itself not only by the rapid disappearance of the fever and other symptoms of the disease, but also by the fact that every patient was cured, and of all those homœopathically cured not a single one suffered a relapse, a condition which most generally prevailed after the allopathic use of Peruvian bark.

Of course to obtain a complete characteristic picture of the remedies, with the elimination of every uncertainty and half truth among the pure effects of the same, when it is often so very difficult to distinguish the primary effects from the after effects, can only be the result of united efforts and mutual communications, and, without a separate homœopathic hospital under the protection of the state, in which nothing but true facts may be gleaned and confirmed, the science can only progress slowly.* But until the time that the young science, which is even now rendering such great results, will see its most fervent wishes fulfilled, its disciples must not sit idle, but everyone is under obligation to contribute according to his abilities to its upbuilding, so that suffering humanity may become a partaker so much the sooner of the blessings of those discoveries which have already proven curative in manifold ways, and which promise immensely more.

The following three tables contain a comparative survey of the action of all remedies, up to this time, proved with a certain degree

looked for in the season of the year and the weather conditions, or because of the former frequent and ineffectual taking of Peruvian bark, is not yet clear, and must be reserved for further observations. In the year 1832 *Natr. mur.* and *Amm. carb.* were more frequently used and also *Carb. veg.*, but on the contrary *Calc.* hardly at all.

* "The knowledge of the investigator of nature's laws distinguishes itself from every other kind of knowledge, in that it does not take cognizance of assumption. Conjectures and hypotheses have for the student of physical laws a very low and transient value. In one word, he does not discover until he has found." Prof. Bucholz.

of perfection on healthy persons, according to the *time of day*, the *position* and *circumstances* and according to the *conditions of mind* excited by them. In all three the order of their rank is denoted by the first five letters of the alphabet, so that the letter *a* designates the most decided, predominating and manifest action, having nothing contradicting it; the letter *c* indicates that the remedy has an equal action with reversed time or circumstances, and the letter *e* the last or most subordinate place. The letters *b* and *d* denote the intermediate state, so that *b* approaches to the highest rank and *d* to the lowest. When no letter is given, it signifies that nothing has been found in the pure effects pertaining to that modality. This arrangement of the different degrees of value appeared to the author the most serviceable and comprehensive, and the number of the same entirely sufficient to denote the degrees properly.

The compilation of the *first table*, which contains the *aggravation* or *amelioration of the sufferings according to the time of day*, gave us the most trouble, because the divisions of the day are not capable of being sharply defined and because there is a want of expressions in the general usage of language to define the various terms and limits. Especially is this the case in regard to the morning and the evening, whose limits are not uncommonly extended unreasonably, and then frequently a part of the night as well as fore- and afternoon is included in them. Without doubt, therefore, this table will consequently have to undergo the greatest number of improvements and corrections.

The *second table*, which contains the action of the medicines in *exciting* (and aggravating) or *ameliorating* (and removing) *their symptoms according to circumstances*, could in the most of instances easily be arranged according to sure and clearly defined data. It was found soon after its compilation that here, as well as in the first table, not every symptom without distinction could be taken into consideration, but that a selection had to be made among them, with the omission of that part of them which would have given incorrect results. The main rule for this selection was deduced from what the honorable founder of Homœopathy teaches in that connection in the prefaces to *Krähenaugen* (*Nux vomica*), *Küchenschelle* (*Pulsatilla*), *Zaunrebe* (*Byronia*), and *Wurzelsumach* (*Rhus*), compared with the symptoms of the remedies which con-

firm. For this reason only the symptoms of the head, eyes, teeth, respiration and chest, limbs, and the general sufferings, night sufferings and fevers, were taken into account in the first two tables, and the other regions were only considered when, either on account of the small number or on account of a want of clearness, doubts remained. It is still necessary to note that under the word "Touch," the heading of the second column of Table II., are also included *scratching, rubbing, pressing*, etc., and that the modality "Agg." expresses both the excitement of a symptom and aggravation, and by "Amel." a *ceasing* as well as amelioration of the sufferings is meant. The rest of these two tables needs no further explanation.

In the *third table*, which contains a comprehensive view of the various *states of mind produced by the remedies*, the first five letters of the alphabet have the same meaning as in the two preceding tables. In the rubrics the author has endeavored to observe the most suitable psychological order so as to facilitate comparison thereby as much as possible.

In giving the names of the medicines in alphabetical order the systematic tabulation of Dr. Rückert, which probably no homœopath is without, is followed, excepting that the acids are always classified immediately according to their bases, both to denote their close relationship in therapeutic respects and because the finding of the former seemed thereby to be facilitated.

In view of the use of these tables, it is scarcely necessary to remark that they are in nowise intended to introduce a generalizing method into homœopathic treatment. According to the almost unanimous contention of the most distinguished medical authors and practitioners much mischief has been wrought in allopathy just in this way, and consequently Homœopathy would have cause enough to avoid it even if its entire system did not already consist in the strongest individualization. Therefore, if we wish to proceed conscientiously these tables should only be consulted after the case of sickness has been carefully examined, and has been compared with the competing remedies, and then as it were to solve some still remaining difficulties, or as a test for the correctness of the choice made. The tables can in nowise

give the most suitable remedy, but they will assist in the choice of the same and prevent the likelihood of an unsuitable remedy being selected.

A diligent study of the pure effects of the remedies must ever remain the principal thing, but, as the beginner especially needs a "guiding string," we hope he will not seek it altogether in vain in these tables. One may especially find in them, the author hopes, an aid in becoming more familiar with those medicines which vie with each other for preference in given cases, and especially the *antipsorics*, and to group them according to the similarity of their effects. In this respect we find, for example, according to the *first table*, an especial *aggravation of the sufferings* :

In the morning, by Aur., Calc., Caust., Con., Mang., Mag. m., Natr. m., Phos., and Sil.;

In the afternoon, by Agar., Alum. and Amm. carb.;

In the evening, by Anac., Ars., Carbo an., Carbo v., Dulc., Mez., Petr., Sep., Stann., Stront., Sulph., and Zinc;

At night, by Bar. c., Lyc., Mur. ac., and Sulph. ac.

Then further:

Morning and afternoon, Sars.;

Morning and evening, by Bov., Graph. and Kali carb.

Morning and night, by Iod. and Natr. carb.

Afternoon and evening, Kali n.

Evening and night, by Magn. c.

Morning, afternoon and evening, by Nitr. ac.

The *second table* gives:

Aggravation of the sufferings during motion, by Bar. c., Graph., Iod., Kali c., Mangan., Natr. m., Nitr. ac., Petr., Sars., and Sil.

Aggravation of the sufferings during rest, by Agar., Alum., Anac., Ars., Aur., Coloc., Con., Dulc., Kali n., Lyc., Mag. c., Mag. m., Mur. ac., Natr. c., Sep., Stann., and Stront.

Equal sufferings during motion and rest, by Amm. c., Bov., Calc., Carb. an., Carb. v., Caust., Mez., Phos., Phos. ac., Sulph., Sulph. ac., and Zinc.

Further:

Aggravation of the sufferings in the open air, by Agar., Amm. c., Anac., Bar. c., Calc., Carb. an., Carb. v., Caust., Coloc., Con., Dulc., Graph., Kali c., Lyc., Mangan., Natr. c., Natr. m., Nitr.

ac., Petr., Phos., Phos. ac., Sars., Sep., Sil., Stann., Stront., Sulph., Sulph. ac., and Zinc.

Aggravation of the sufferings indoors, by Alum., Bov., Kali n., Mag. c., and Mag. m.

Equal sufferings in the open air and indoors, by Ars., Aur., Iod., and Mez.

Lastly:

Aggravation of the sufferings in the heat, by Alum., Dulc., Iod., Sulph., and Zinc.

Aggravation of the sufferings in the cold, by Agar., Amm. c., Ars., Bar. c., Bov., Calc., Carb. an., Carb. v., Con., Graph., Lyc., Mang., Mez., Mur. ac., Nitr. ac., Petr., Phos., Sep., Stann., and Stront.

Equal sufferings in the heat and in the cold, by Caust., Kali c., Natr. m., Phos. ac., and Sil.

Similar results are given also in regard to the *states of mind* in the *third table*. Thus are found especially:

Cheerfulness, by Aur., Carb. an., Natr. c., Phos., Phos. ac., Sulph. ac., and Zinc.

Changeable mood, by Lyc., Sars., and Zinc.

Imaginary state of sickness, by Calc., Kali c., and Sep.

Restlessness, by Agar., Ars., Aur., Calc., Dulc., Iod., Kali c., Kali n., Mang., Natr. c., Nitr. ac., Phos. ac., Sil., Stann., and Sulph. ac.

Indifference, by Agar., Carb. an., Carb. v., Con., Lyc., and Sulph.

Mistrust and aversion to company, by Bar. c. and Lyc.

Indecision, by Agar., Bar. c., and Petr.

Fear, by Anac., Ars., Calc., Caust., Graph., Iod., Kali n., Lyc., Mag. c., Natr. c., Nitr. ac., Phos., Sep., and Sil.

Easily terrified, by Kali c. and Lyc.

Downheartedness, by Agar., Aur., Calc., Coloc., Con., Graph., Lyc., Mur. ac., Natr. c., Natr. m., Nitr. ac., Phos., Sars., Sep., Stann., Sulph., and Sulph. ac.

Weeping mood, by Alum., Amm. c., Bov., Calc., Lyc., Mur. ac., Natr. m., Phos., Phos. ac., Sep., and Sulph.

Sulkiness, by Agar., Bov., Calc., Caust., Con., Dulc., Kali c., Kali n., Mag. c., Mag. m., Mang., Mur. ac., Petr., Phos. ac., Sars., Stann., Stront., Sulph., Sulph. ac., and Zinc.

Irritability, by Amm. c., Carb. an., Carb. v., Natr. c., Phos., Stront., and Zinc, and lastly:

Angry mood, by Ars., Aur., Calc., Carb. an., Carb. v., Caust., Con., Dulc., Kali c., Lyc., Mez., Natr. m., Petr., Phos., Sep., Stront., Sulph., and Zinc.

In like manner those remedies which shall hereafter be recognized as antipsorics may also be arranged, so that greater facility and certainty will be afforded.

Finally, with the same intense desire after perfection that is everywhere so plainly seen in all disciples of the homœopathic healing art, it is as much to be expected as to be hoped for that the present effort may be closely examined in its details, be purified of unavoidable mistakes and errors, and thereby acquire the reliability which the subject itself deserves.

C. V. BÖENNINGHAUSEN.

Münster, 9th September, 1831.

PREFACE TO THE SECOND EDITION.

The rapid disposal of the first edition of this little book, primarily written for beginners in Homœopathy, and the continued enquiry for the same, furnishes the most agreeable proof of the increasing spread of this healing method. Those opponents who, a short time ago, boldly asserted that within two years no one would talk about Homœopathy any more, will have to extend this period gradually and considerably, as daily several quite intelligent men are drawn into the whirlpool, as the Hamburg *Wolkenmacher* (Cloudmaker) pleases to call it. But to the young sceptic this slow but vigorous growth of the new science may offer hints to approach closer and subject it to an unbiased and impartial examination. Not blind faith by any means, but only an impartial examination into the experience that has been accumulated, is demanded by all its followers, and hence they seek on all occasions to free it from the veil of mystery by which allopaths endeavor to ward off the gaze of the layman upon the nakedness of their art.

A comparison of this edition with the first will show that, besides the addition of the recently proved remedies, *Bovista*, *Caladium seguinum*, *Corallium rubrum*, *Kali hydriodicum*, *Kali nitricum*, *Ratanhia*, *Strontiana* and *Tabacum*, here and there a few changes have been made, and in the tables on pages XII and XIII those antipsorics are inserted which were recognized later on as such.

May the good object of these pages not remain entirely unfulfilled.

C. V. BÖENNINGHAUSEN.

Münster, 17th August, 1832.



PROF. JAMES TYLER KENT.

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DEPARTMENT OF MATERIA MEDICA.

FERRUM.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.*

One of the first things we will look upon is the *general aspect* of the patient who needs Ferrum. If you look upon this patient sitting in her quiet home undisturbed, reading the newspaper, or the latest novel, you would suppose that she is, physically, one of the most fortunate persons in the world. Generally well nourished, rosy-cheeked, bright, sparkling, she looks, in every sense, like a healthy person. You can scarcely realize that this woman has symptoms; you would suppose her to be a person who eats well and sleeps well, drinks well, thinks well and does well; she is full blooded and of *plethoric aspect*. But, if you will put this self-same patient upon scientific literature, upon study, upon difficult questions in philosophy, put her to reasoning in a series on logical problems, and you have a person so different in appearance that you would hardly realize that the two were the same. This same composed individual under the latter state commences to perspire copiously, the face gets redder and in patches it become sallow and pale, intermingled with red splotches, and the veins become distended; the mind is easily fatigued, lachrymation comes on, and even dyspnœa, followed by a sleepless night and exhaustion. After any mental effort, the patient struggles a long time to go

*Stenographically reported by Dr. S. Mary Ives.

to sleep, and when she does sleep, she goes into a copious sweat, wakes up very exhausted, labors a long time to go to sleep again and again wakes up in a sweat; night sweats, sweat during sleep. If this same patient is put to any physical exertion, such as walking, or lifting, or sweeping, or moving about rapidly, or any rapid exercise, it is followed by trembling, exhaustion, pulsation through the whole body to the ends of the fingers, tremendous throbbing of the carotids, pains in the back of the head, the face becomes engorged with blood, and becomes *red*. That is one type of the Ferrum patients. A person that has pseudo-plethora, with weakness, one who is distressed or prostrated in body and mind, prostrated in the mind by mental exercise, and in the body by physical exercise, but whose mental and physical complaints are ameliorated by slowly and gently moving about. The pains of Ferrum are *ameliorated by slow, gentle motion*. The complaints that come on during rest, which are neuralgic pains and rheumatic pains, are relieved by gentle motion. The first strong feature of Ferrum, however, is this pseudo-plethora. The patient is easily excited, tremendously emotional; has complaints from listening to an offensive tale, or from hearing something delightful, and from anything that arouses the emotions. She is sensitive to all subjects that are at all exciting. After hearing exciting incidents, or emotional news, she blushes, the face becomes red, she becomes excited and trembles and is often prostrated, and has palpitation, throbbing from head to foot, and difficult breathing.

But there is another kind of patient in Ferrum, viz., the chlorotic type. Ferrum seems to bring on conditions like those seen in persons who have suffered from hemorrhage; it brings on anæmia, the lips become pale and waxy, and the fingers look as if dead, very yellow, very cold, clammy and waxy, the extremities are cold and waxy, the face is pallid or of a greenish yellow. You see this patient taking her time at her work, moving around slowly doing her daily duties. From the slightest mental excitement, or the least hurry, or even the least anxiety, the face flushes in splotches, it becomes a dusky red, the heart palpitates, the whole body trembles, the muscles twitch, and a state of weakness is present. To look upon, that patient now appears to be

plethoric, but if you observe and listen you note that the voice trembles, the tongue, when protuded, trembles, the eyes twitch, there is often lachrymation, nervous weakness, twitching and throbbings throughout the body.

You must by this time realize that a *red face* is somewhat related to Ferrum. That is true; it is the kind of red face which, when pressed with the finger, leaves a white spot under the redness unusually long. There seems to be a sort of vaso-motor paresis of the vessels, a venous stasis. On seeing this redness of face, you put your hand upon the face to ascertain whether there is fever, and you will be surprised to find that the face is cold. The Ferrum face is often cold in this chronic pseudo-plethoric state. Ferrum has no such febrile condition as we would expect to see from the peculiarity of the red face. It is not a healthy red face, but a cold congestion of the capillaries. This red face has enabled some of the old men to make keynotes; for instance, "red face in chill with thirst" is so well known among the old men that that alone would cause them to make a prescription, and it is a pretty strong feature of Ferrum. In septicæmic cases where there is a rigor, a tremendous shaking chill, and the jaws are chattering, the patient is cold enough to die, cold all over; the face is red in that chill, as red as if the blood would burst through. The patient is covered with a sweat, and has a violent craving for water. In an intermittent fever there is the red face and the violent thirst and sweat with the chill, cold sweat with rigors and thirst for ice water. Think of it in all febrile conditions that come on with a chill, in which the chill is the predominant feature, or in which the chill lasts for an hour or two with great shuddering and coldness, and there is no intermediate state of heat. It does not run very long before the cold sweat comes out; a dry state is seldom present. Although the temperature is considerably above normal, the skin will be cold, the face is flushed, the body covered with sweat, and there is thirst as long as the chill lasts; finally there comes a prolonged sweat and then there will be an intermission, in which there is a calm. Sometimes the sweat continues during the intermission, especially when the patient is asleep. If the patient goes to sleep during the intermission he sweats. Then the next day, at the regular hour, will come that chill and that red face and that thirst and that sweat.

One of the most important organs affected under Ferrum is the *stomach*. It seems that the stomach will not digest food. The food is taken into the stomach, and an hour or so afterwards the whole contents of the stomach seem to come up by the mouthful; *he spits up his food by the mouthful*. This goes on until the stomach is nearly emptied of its contents. It comes up about the same as it was eaten; undigested food, unchanged, not even sour. The more it has soured the less it is like Ferrum. Spitting up food by the mouthful is also very closely related to *Phosph*. These two remedies are the most important for that symptom. This is a very useful indication in old dyspeptics, who spit up their food by the mouthful; from any shock, they throw up the food; any little disturbance, after eating, will cause this patient to throw up his food; it may come up in mouthfuls, or be thrown up as a whole. Any mental or physical person will be attended with vomiting. The vomiting of pregnancy sometimes takes this form of spitting up the food by the mouthful. *Phos.* and Ferrum have to be carefully examined to see which one is the more suitable of these two; several other remedies have this state. You have seen the *patient*, and if in addition to that this symptom of spitting up the food by the mouthful is present after you have discovered that the patient is a Ferrum patient, then you may expect Ferrum to relieve the vomiting of pregnancy. In many diseases this symptom may be present. It is just as good an indication in animals. If a hunting dog from the least excitement after eating throws up the contents of the stomach, Ferrum will cure it. From the sight of the gun or the rattle of the chain, the dog vomits, if it is soon after eating; a dog with a sensitive stomach. This emotional aggravation is more marked in Ferrum than in *Phosph*. In Ferrum the whole economy responds, from head to foot, the whole is disturbed by emotion; throbbing, exhaustion, sweat, trembling, red face are the result.

Ferrum produces in provers, and cures in sick folk, basilar headache, in a Ferrum constitution; always remember that that precedes. Such patients, as I have described, have tremendous pain in the back of the head, from excitement; the cough jars the back of the head; he feels as if it would break open, or burst. The whole head is in a state of congestion; a roaring, surging,

through the neck, as if the blood were rushing to get through into the brain, and could not get through fast enough. Ferrum patients have often spoken to me about a roaring in the neck. It is something that is incomprehensible except to the patient that feels it. It is present in this tremendous throbbing and rush of blood to the head. The cough is felt in the head as a jar; slight exertion of the body is felt in the head, and especially in the base of the brain; finally the whole head becomes, as it were, distended, as if too full, as if enlarged, and it throbs and pulsates as if with hammers; all attended with severe pain, which extends to the teeth. And remember this, and underscore it, that *the pain extending to the teeth is relieved by ice cold water.*

The congestions of the head are sometimes attended with marked catarrhal symptoms, sore throat, and purple tumefaction of the throat. Aphonia will last for weeks. Painless throbbing in the throat, throbbing in the larynx. Tickling cough, keeping him awake at nights. In the morning he wakes up with a tearing cough, and copious expectoration of glairy mucus streaked with blood, or with a mouthful of blood and he blows blood from the nose; in the evening there is a dry cough.

As I have mentioned the word *bleeding*, I will take it up here before we proceed to other organs, because it belongs to a general state of Ferrum. Wherever there is a venous trouble throughout the body, there is venous oozing; capillary oozing from the air passages. Hemorrhages from other parts of the body, from the kidney, bladder, uterus, rectum, and piles. There is a general state of oozing and sometimes copious flooding; copious menstruation.

Anæmic and chlorotic subjects have a dry cough. With the cough, great blushing of the face and spitting of blood, especially in the morning. Ferrum has whooping cough with vomiting, such as described; his cough is worse immediately after eating, or soon after eating; spitting up the contents of the stomach, or vomiting up the contents of the stomach; expectoration of blood-streaked mucus, flushed face, child carries its hand to the back of the head, when it is too young to say it has an occipital headache. Sensitiveness of the whole chest, and rawness in the chest. *Sensitiveness* runs through many places, great sensitiveness in the

region of the liver, and over the stomach; so sensitive that it is impossible to endure the clothing; the abdomen is so sensitive that it cannot be palpated; it is very often tense, tympanitic; great flatulence; distension of the abdomen, as in portal stasis. Then come hemorrhoids; the anus itches, is raw, sore, bleeds; the hemorrhoids protrude as enormous tumors and bleed; great clots of blood form in the rectum and are expelled at stool; internal hemorrhoids, enormously distended veins in the whole hemorrhoidal region. Chronic diarrhœa; undigested stool. The food eaten appears to have passed right through him. Pain in the intestines, great soreness in the bowels. Frequent stools, copious stools of blood, mucus and slime, somewhat of a dysenteric character. Ferrum has diarrhœa and dysentery. The least disorder in the stomach will bring on diarrhœa, every exertion will bring on diarrhœa. The pains in the abdomen are worse from a jar; the abdomen is very sensitive to much motion, but relieved by gentle motion, by tiptoeing cautiously around from place to place and not going down heavily on the heels; the gentle motion relieves, but the walking motion aggravates. In this it is somewhat like *Bell.*, although the symptoms of *Bell.* are no way similiar. *Bell.* has red face with *heat*, Ferrum has red face and it is *cold*. They need not be compared.

The kidneys become congested and bleed; they are sore to pressure; he can find them himself and locates them from the soreness and backache. The urine is bloody, and loaded with albumin, or copious and clear. That is, in one instance it will be bloody and loaded with albumin, in another instance, where there is no blood and albumin, the urine becomes perfectly clear like water. Hence Ferrum may be useful in Bright's disease. You look over the patient and you will see this in the great weakness, the physical prostration, the easily fatigued mind, and, what would make it somewhat of an advanced case, the dropsy and œdema of the extremities. The hands are puffed and pit upon pressure, the face bloats and pits upon pressure, the feet bloat and pit upon pressure. The œdematous state travels upwards, the calves are distended and then the thighs, and then the whole body becomes œdematous, a general state of anasarca, the cavities become filled with water. We would wonder if there is not some

heart trouble, and we will not be surprised to find in Ferrum all the cardiac affections that are associated with liver and with kidney troubles. We find much trouble in the veins, and it has all the different conditions arising from ruptured compensation. There is irregular pulse; pulsation all over the body; pulsation in the neck; palpitation upon the slightest exertion, relieved by very slow and gentle motion; exertion that warms him up, increases the palpitation.

This patient is *oversensitive to cold*, is very chilly and is easily fatigued in the cold; the toothache herewith is relieved by ice cold water. This patient is also wonderfully distressed by being heated up, he cannot breathe. So he is effected by the extremes of heat or cold. Like *Puls.*, from any exertion that heats up, he is aggravated in some respects, and like *Puls.* he is also considerably improved by slow motion. These two remedies cross each other's path frequently and must be carefully studied when you have time to look them up together.

Ferrum produces a *tendency to abortion* in the early months of pregnancy; copious flooding and great sensitiveness of the uterus with the hemorrhage like *Bell.* Large clots and gushing flow. The gushing flow, as you might suppose, is generally attended with fear or excitement, and the face flushes up, as if the blood would come through. The copious sweat, the red but cold face, the weakness and trembling, the great prostration make Ferrum a very important remedy in threatened abortion.

Now I think you have studied as much as you can possibly compass in the next few days, and I will let you rest with that.

CORRIGENDA ET ADDENDA.

In the September supplement, preface, page v, 4th line, for "practices" read "practice," and page vi, last line, for "complication" read "compilation."

To the list of Antipsoric Remedies in this month's supplement, add Ant. t. (Hahn.), Borax (Hahn.), Brom. (K.), Bufo (K.), Chlorine (Hering), Stann. (Hahn.)

The demand for Dr. Guernsey's Perfection Liquid Food would be considered phenominal but for its merit.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

INTERMITTENT FEVER.

I. By DR. S. J. HENDERSON, Bad Axe, Mich.

1899.

Alex. Laing, age 24.

Feb. 13. Chills every other day since last September. Contracted in Cuba during service as a volunteer. Suppressed at different times by Quinine. Begin in back and run up.

At 9 A. M.

< in a warm room.

External coldness with internal heat.

Postponing type.

Cold, clammy, sticky sweat.

Almost constant nausea.

Weakness in back, gives out easily.

< after fever.

Lower limbs weak.

Paralytic feeling as if gone to sleep.

Hands and feet icy cold.

Staggering as if drunk while walking.

Stretching and yawning.

Thirst during the chill.

Sallow, yellow, bloated face.

Ipecac c. m.

Feb. 15. Severe chill. 7 A. M.

Feb. 19. No chill.

Feb. 25. No chill.

March 6. No more chills; better in every way.

This man came home on furlough, and was treated both in and out of the service.

He has been well since.

II. By DR. JULIA C. LOOS, Harrisburg, Pa.

On September 25 G. S. C., aged 15 years, was reported with the following history: Early in August he went swimming, spent many hours playing in the sun and bathing in the water alternately. Soon after chills and fever came on, and for three weeks he was in bed under treatment. The chills were broken, but after being free for three weeks again they returned for one day. After two weeks more they returned, and have recurred now for four days in succession. Hearty boy, not subject to sickness of any sort.

Chills at first recurred every day at 2:30 P. M., then came alternately one day at noon, the next at 4:30 to 5 P. M. The early one postponed and later one anteposed until again chill came daily about 2 P. M. Now, in the last attack, chills recur at 1-2 P. M. Early the chills were so violent they were like convulsions; body all drawn up, with convulsive movements in place of shivering. Now the shaking in less violent; chill consists mostly of general coldness. Aching was so severe it seemed impossible to turn in bed. Severe aching in back during chill, > after. Chill, < breathing cold air. Weeping during chill. Nose cold.

Fever lasts through night; wants covers all off; at first dry skin; later with sweat.

Sweat latter part of first attack profuse at close of fever, both passing off together.

Thirst for ice water precedes chill; great during chill, not during fever.

Head confused; poor memory before chill; vague mind; pain during early attack in occiput and eye; eye felt swollen; now

pain right eye during fever, > when fever grows less; pain > lying; > hot applications.

Photophobia during chill and heat.

Respiration labored from contractions in throat. Respiration > in cold air but chill <; buries head in bed clothes to get warm air.

Passed off with chill.

Face pinched, purple; nails purple.

Drowsy; sleeps immediately after chill, fever coming during sleep; not refreshed after the sleep, as usually after sleep.

Limbs uncertain, weak, wabbling.

This case came from a physician who had checked many cases of malaria, but found this a puzzle. He did not have Kent's repertory presumably. With the aid of that valuable book the following references were made: "Sleep during heat." "Thirst during chill." "Chill, heat, then sweat." "Respiration difficult from constriction of throat." "Chill 2 P. M.; at noon, 4-5 P. M." "Head, pain during heat." "Convulsion during chill." "Respiration difficult during chill." Consideration of these led to Apis and Lachesis. and Lachesis 41m, was prescribed.

Sept. 29. Reported more like himself, sleeps well. On 26th had no chill some headache and heat. Respiration difficult several times when first riding wheel.

Oct. 6. For one week free; creepy feelings 2d, 3d, 4th.

Chill on 5th and 6th about 2 P. M.; buries himself in covers; wants a warm room.

Fever with profuse sweating. Face bright red during heat.

Thirst before chill; says that taking drink brings on the chill.

Confusion very marked, cannot be relied on for simplest errand, absent-minded.

Head, severe pain, partly > by vomiting.

Vomiting during heat; undigested food 6-8 hours after eating.

Vertigo on rising from lying.

Talkative, talks in quick, excited way, broken, as if had not full control of voice; weeps when talks during an attack—hysterical.

Quiet, mild disposition always.

Wants company, afraid to be alone during the attack.

Warm, usually wants no wrapping up at all even in coldest weather.

This new picture brought Pulsatilla out prominently by use of repertory and Puls. 10m. was given.

Oct. 10. Chill on 7th, 12 noon, with violent convulsive twitching, pains, dyspnoea, headache after.

8th, 1.30, with no pain.

9th, 11. A. M., like 7th.

10th, no chill; premonitory symptoms > in warm room; no headache, no fever.

During shivery fever, heat present.

Mouth, sores about the lower lip and chin, came out on 7th; bad taste in mouth.

Sleep as soon as the chills gone, with perspiration; hungry after sleep, craves acids.

After this there were no chills tho' several days slight premonitory symptoms always > in warm room.

Once there was headache after driving. Nosebleed occurred four or five days, one day three times.

The boy improved steadily, regained his usual vigor, grew plump and had no more trouble up to the present time.

In this case cure was possible only by watching the effect on the boy himself. The engrafting of chills brought out the peculiarities of his disposition. Attention to the details of chill, fever, sweat, and thirst showed forth the remedy much less prominently than is often observed. Again the lesson is impressed in treating chills as in any thing else; it is the patient that must be observed and considered to effect a cure.

III. By DR. CARRIE E. NEWTON, Fayville, Mass.

1899.

N. C., boy, 12 years.

Aug. 15. Type, tertian—anticipating.

Prodrome—vertigo.

Chill, 8-9 A. M.

Pains in back to head; desire to be covered; thirst during chill.

Vomiting of greenish substance after drinking water.

Fever, thirst during intense frontal headache.

Delirium.

Desire to be uncovered.

Sweat, hot sweat; first time was profuse, but in rest of paroxysms scanty.

Headache, severe, frontal.

Nat. mur., 20m.

Nat. mur. did not relieve.

Eup. perf. cm. was given Aug. 27.

Had two more slight chills.

To the present time, Aug. 18, 1900. he has never had a chill.

Has been rather pale and poor, but lives in poor circumstances.

Probably needs a deeper remedy.

1900. Boy, age 2 (Italian). Hard to get symptoms.

Apr. 22. Came in from play with severe chill, 8:30 A. M. Shaking, cold; thirst during.

Vomited after drinking.

Vomited yellow and green substance.

Fever, hot skin.

Weak, wants to lie down.

Sweat, quite profuse.

Eup. perf. cm.

Apr. 23. One slight chill.

Aug. —. Had had no return of chills.

1899. Young man, A. C. (Italian), age 20.

Sept. 13. Has been working on water works, in mud and water. Quotidian: Anticipating.

Prodrome: Yawning and stretching out of arms.

Chill at 11 A. M.; again at 1 P. M. and another at 2:45 P. M.

Thirst during for large quantities.

Much shaking.

Keeps warmly covered.

Fever between the chills; hardly gets over one paroxysm when another comes.

Thirst, headache, frontal.

Restless, much aching in legs and back.

Sweat, profuse; on hands and neck.

Restless, tosses all over bed during fever.

Nat. mur. 20m.

Sept. 14. No better.

Restlessness.

Aching, terrible pains in legs and back.

Rhus tox. cm., one dose.

Sept. 15. Chill at 6 A. M.

Other symptoms about same.

Feels >.

S. L.

Sept. 16. Chill, slight one at 6:30 P. M.

S. L.

Sept. 18. Chill, slight one at 8 P. M.,

Sept. 22. Went to work.

Has had no chills.

S. L.

Heard from him several weeks after; no chills.

PROF. KENT.

With this issue we present a picture of the first editor of the JOURNAL OF HOMŒOPATHICS, PROF. JAMES TYLER KENT, Dean of Dunham Medical College, Chicago.

OUR SUPPLEMENT.

Dr. Miller's "Relationship of Remedies," will, we conceive, form a valuable addition to the working implements of the busy practitioner. We would suggest that our subscribers insert it in their repertoires for handy reference. Reprints have been made and will be sold at cost.

DUNHAM MEDICAL COLLEGE.

All indications point to a great increase in the number of students this year, and with the new blood infused into the staff of teachers, the prospects for Dunham College and Homœopathy in general, are very bright.

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL, N. Y., THURSDAY,
JUNE 28TH, 1900.

TREATMENT OF THE RESULTS OF THE HOMŒO-
PATHIC PRESCRIPTION.

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

The precautions for those assuming to heal the sick are given by the master—to understand the nature of disease, *i. e.*, what is curable is disease, what is curative in remedies, and the application of remedies to disease. The most difficult of them perhaps is the third point, for that requires reason and judgement more than observation and careful recording which are the most essential points in the other two precautions.

Among the suggestive paragraphs in the JOURNAL OF HOMŒOPATHICS we find this difficult point stated briefly but forcibly, pregnant with meaning as follows: "If you place your trust in the vital force you will not hammer away with remedies. You must have confidence enough in the economy so that when you have started a commotion you can rest. There is a quiet change going on."

One of the assurances Hahnemann gives us is that when the case is well taken the work is half done. Those who work according to his directions realize the truth of this over and over again. When, therefore, the record is well studied, (put much stress on this, *well studied*) and the remedy selected to suit the constitution, and administered, the other half is done. Then comes the period to wait and watch and do nothing, tho' that is sometimes the most difficult of all, there are so many temptations to change the prescriptions.

Above all things a homœopathic physician must be governed by definite reasons. There must be a reason for everything he does and everything he does not do. If the commonly used means and appliances are not resorted to; lotions, ointments, poultices, antiseptics, stiptics, douches, instruments, there must be a reason for it, and the position taken must be held firmly, steadfastly, unflinchingly. After the homœopathic remedy is given there may be some violent symptom showing forth, in evidence of the turning into order of the economy. It may be an extensive severe eruption on the skin, a profuse catarrh, a tremendous diarrhœa, abscesses, pus in normal cavities with associated constitutional disturbance, hectic fever, etc., or something of the sort, some commotion more or less distant from the vital centres, that appears violent and calls for attention from the patient.

Now is the time to do nothing. Knowing the nature and cause of these disturbances we can rest assured, in most cases, certain that this will not only pass without serious results but prove a positive benefit to the system. If the vitality of the patient is strong, it will be strong in developing such things, and though for the time the turmoil seems to prostrate the patient, even then it will prove a benefit.

In other cases, or under other circumstances, there will be observed old symptoms returning, such as used to give the patient much distress. Even this recurrence of old things is favorable. We do not fear that they will put the patient in jeopardy, and are not anxious over them, for in the course of cure we know these things must come out to relieve the economy. Usually, unless too long lasting and severe, these symptoms need only to be watched and allowed to take their own course.

To know the relations of things is to rest upon the work done, leaving all the rest to the economy, so long as it is active. The state of mind without the assurance is unsettled and anxious, with this knowledge there is serenity and calmness. When patients come and scold because an old rheumatism is crippling them, that a disfiguring eruption appears, old dyspepsias, perhaps nearly forgotten, return, a cough returns or such further developments, we can assure them it is a good thing, promising future benefit. Our own attitude communicates to them serenity of

mind, and trust in the work of cure because they realize that the doctor is not disturbed but is master of the situation.

The comfort which comes to the physician, from the knowledge of the results of the prescription that will follow, is untold. It is a proof again that in the fulfilment of the law there is great reward.

DISCUSSION.

Dr. Campbell: That is all true if the case is started toward giving an outward expression of malignant trouble. Nothing gives me more pleasure than for skin affections to supervene when treating chronic cases, but the more pointed and appropriate the treatment is to the case, if it be of long standing and a deep-seated vital one, that person is going to be hurled to his death sure if there is not sufficient vitality to compete with the different stages as they reappear.

Dr. J. Campbell: That brings up a point I have often thought of, whether the homœopathist should prescribe homœopathically or only palliate; what do others think about that? I did the same in the case of a woman of seventy-seven, in whom I reproduced old chills. The woman had chill, fever and sweat; a perfect paroxysm, but the vitality did not respond sufficiently to save her.

Dr. Morgan: In those kind of cases I have usually, where I could see the liability of vitality failing at the resurrection of the old disease, I have taken pains to use the remedy very low and not repeated it. Got down as low as the 30th or even the 12th, and not repeat until I saw it was positively indicated.

Dr. Close: I have adopted another expedient. The worst cases of these usually called aggravations and reproductions of old symptoms have almost invariably followed the use of a single dose of the high potency. I have, therefore, where I had reason to suspect trouble ahead, administered the indicated remedy in moderate potency in repeated doses, and I have had much better results. The action of a remedy being modified by repeated doses, I have given the remedy, say, two or three times a day for a few days, or I give three doses twelve hours apart. I seem thus

to avoid stirring up those dreadful conditions, and have kept the patient in a better state. The single dose starts up an action to which there is but one end. There being nothing to interfere with or modify it, it goes merrily on to the end, while each repeated dose antidotes the preceding one a little, or, perhaps, sets up an oscillatory action, which goes forward and back; that is the way it appears to me.

Dr. Morgan: I have generally found the high potency acts deeper, and whenever it stirred up suppressed disease it did it with a great deal more force and acted for longer time; that is the reason I usually select the high potency.

Dr. Close: I am more afraid of the single dose than of the high potency.

Dr. Morgan: I think there is something in that.

Chairman: There is one point that Dr. Loos did not touch upon, the curability of chronic diseases after patients have undergone surgical operations; this is a most interesting topic to me, and I think Dr. Carleton could perhaps give us some important points relating to it.

Dr. Carleton: Please do not anticipate my paper.

Dr. Gladwin: I think it is a great satisfaction to a physician to understand disease, so that he knows what to expect in such a condition. Our cases are classified as curable or incurable. If we know that a case is incurable, we do not try to cure the patient; in such an instance I give a light acting remedy which covers the distressing symptoms, with the idea of giving that patient the most comfortable and the longest life possible. If you are in doubt whether a certain case has gone so far as to be incurable, no matter what the name of the disease may be, then I agree with the doctor the best plan is to give the remedy in a low potency, so that if trouble is stirred up it can be antidoted. I do not think the doctor would have trouble so quickly with one dose as with repeated doses. I seldom repeat, and I more seldom repeat without being sorry for it. I remember one case, a young man who had consumption, although I did not know this was the condition of things at the time; I put him on a high potency, 55m of Sulphur, and I could not antidote it. About two years ago I had another case with similar symptoms, who was on the border-

land of consumption. I did not know whether she were too far gone to get well, and I put her on Sulphur 200 and waited and watched. She went along very nicely. I waited weeks and weeks before I repeated the 200 potency, and after that administration I waited again for many weeks before repeating. She is now on the 55m potency, having improved generally, and I do not think she will go down.

Chairman: I would like to ask Dr. Gladwin how she knows on taking a case whether it is curable or incurable, taking into consideration all the wonderful scope and degree of vitality that we have to deal with?

Dr. Gladwin: You cannot always tell, but if you are doubtful about a case commence with a low potency and work up. In such cases I usually begin with 200, though I have commenced with 30.

Dr. Carleton: Mr. Chairman, before the discussion is closed, will it be in order for me to speak again?

Chairman: Certainly.

Dr. Carleton: I was a good deal impressed with Dr. Morgan's way of working the devil round a stump; he gives a single dose of a low potency; but I have more often done as you have, Mr. Chairman, given a moderately high potency, say, the 200th in repeated doses. But do you recollect a case cited by Hering? He told once of a case treated by Wolff (was it?) where the doctor gave the indicated remedy moderately high; then when the aggravation came, he gave the patient strong coffee, then another dose and strong coffee, and gradually felt his way up the top and cured his patient. I have not tried that, but have never forgotten that case. I should like to refer to the discussion that took place year after year in the I. H. A., and then month after month in New York at the meetings of the Homœopathic Union, about a dose of Sulphur for a patient in the last stages of consumption. Do you recollect that Dr. Haynes, of Indianapolis, held the belief that we had not been careful to cover the mental symptoms when prescribing Sulphur? Therefore, it was not a Sulphur case; it came mighty close, but was not the simillimum; and when such a case presented itself he was very careful that the mental symptoms be covered as well as the physical, this being the time when

he was rewarded with a cure. I ought to have mentioned another case which I presume you are familiar with; a case of consumption in the last stages. I gave a dose of the remedy that came next to the similimum; it was a clear Sulphur case, and the remedy next to it was Sanguinaria; I gave Sanguinaria. I was very careful all along not to hit the bull's eye, but to hit round about it; and cured that case of very pronounced consumption in the last stages, which was considered a marvel by many of the most noted pathologists in this country and Europe. So there is more than one way of doing the work. But it gives me considerable comfort to reflect that Haynes has shown us how to cure with the similimum. He makes sure of the totality.

Dr. Gladwin: Sulphur covered the mental symptoms in the case I spoke of, and it went down.

Dr. Carleton: That shows there are exceptions to Haines' rule.

Chairman: I think that is one of the most difficult subjects we have to discuss, and I do not believe we can settle it. In the first place, if the remedy is similar and the patient has any sort of vitality it ought to cure, according to any known principles. There are so many of these cases on the borderland, no human being can tell whether they are curable or incurable. If we allow ourselves to admit such reasoning, it seems to me that we are going to upset our practice terribly; we must have something to stand by, and the rule of similia is the only substantial reality.

Dr. Close: Then again there is a difference in individual judgment as to what constitutes similarity; as I have brought out in this paper, it is a matter of the ability to properly generalize. Now, one man, a good prescriber, may go over a case, and he may pay special attention to the mental symptoms as they have been recorded throughout the examination of the patient, and he would generalize those symptoms in a certain way, he would characterize the patient's mental condition in a certain way, which would be perfectly clear to him and consistent with the other features of the case; another equally good, or better man, or examiner, would go over the case and see a little different method of arranging the details, and make a little different generalization that would lead to a different remedy. No two will work exactly alike.

Dr. Gladwin: But you said we must take the whole case.

Dr. Close: Four may take the whole case, and yet there will be a difference of opinion.

Dr. Loos: I am sorry the discussion has taken this turn. I did not intend that it should from my paper. I maintain, and the more I practice the more I maintain, that the hardest point of all is the judging and discriminating and studying the case, after you have your record, than to know what to do when the prescription is given. I am not sure that we can settle this point of whether a case can be cured, or whether it cannot be, until we have gone a little further. We have to admit, at present, that there is something more to learn. I have taken a case and generalized it to the best of my ability at the time, and it has come out most beautifully a clear case for a single remedy; then two, three or four days afterwards I have retaken the case with scarcely any additions, studied it very carefully again, concluded that my generalizations were wrong, gone over the case again with my repertory and it has come out entirely different. I have found that I must yet learn how to study my cases. There is something still to learn in that direction, but we must also remember that even Homœopathy cannot give salvation from all the mistakes that have gone before; some cases cannot be cured even by Homœopathy. I have recently had occasion in a case I am treating to find out that when a case is going down and down on what seems to be the homœopathic remedy; a little more careful study will turn the case in an entirely different direction, so I believe what is needed is more general study, more deductive and inductive reasoning, more study of generals, and more study of particulars.

Dr. Close: In reviewing a case which we have already been once carefully over, we often get new light upon what has seemed before clear, as the doctor has just said. I have had the same experience; just as in reviewing old and familiar Bible verses, something that has been familiar to us all our life, so that we may have incorporated it into our very being and lived it, yet we pick up the book some day and read over the same verse and it dawns upon us in a different light. So it is with our cases; we get new light upon them, new perception of them, so that they stand out differently.

Dr. Morgan: That is an experience with more of us, I am sure.

Dr. Carleton: Do not forget that Boenninghausen used to make a new and exhaustive study after every unsuccessful prescription. The study of a case is not like playing a game of chess; we do not have to select our men and have them in certain positions, and then feel everything is ready; we study humanity, and humanity has many sides. We may think we understand our patient one day, and in a month's time we have learned more deeply of his nature, and see it entirely opposite to our first estimate. We must understand that we are studying individualities, and that we cannot understand these individualities by partially looking upon a case.

Dr. Loos: That is one thing that makes me steer clear as much as possible of making a diagnosis; to say what the condition is, in a patient, is death to a prescription, because it is simply theorizing, and the more I try to prescribe with mind on certain conditions the more I have to be careful, not giving the disease a name as the Old School do, but even saying whether it is a dropsy that comes from the heart or kidneys, that it comes from a condition inside that we cannot get at.

Dr. Campbell: When you make out a death certificate you have to make a diagnosis.

Dr. Close: There is an axiom, and a very good one, to be remembered: "To pronounce a case incurable is often to make it so."

Dr. J. Campbell: And when the patient has not been made aware of the diagnosis. A hopeful view of the case means more, though, perhaps, not greatly extended life to the patient.

Dr. Loos: I can remember three distinct cases where I went home and said: "I shall have to sign a death certificate some day soon;" but the certificate was not signed in either case; new study gave more light.

Dr. Gladwin: I remember a case of a woman who was apparently in the last stages of consumption; she had all the symptoms, as it seemed to me. I expected to see the crape on the door each day. I put her on Arsenicum that she might die easily, and she got well.

Dr. J. Campbell: What did you tell her when you went to see her?

Dr. Gladwin: I told her nothing.

Dr. J. Campbell: She must have had something to off-set such an unfavorable atmosphere.

Dr. Gladwin: She had Arsenicum.

Meeting then adjourned until 8:30 P. M.

FIRST DAY—EVENING SESSION.

HOW CAN WE BEST ADVANCE KNOWLEDGE OF THE TRUTHS OF HOMŒOPATHY.

F. S. DAVIS, M. D., Quincy, Mass.

This question comes to me, and I believe comes to every true homœopathic physician. Each one daily illustrates the truth of Homœopathy in practice. And this success is pleasing both to physician and patient. There is, however, so much evident ignorance concerning the practice of pure Homœopathy that I for one cannot feel my duty is done here. I feel more and more every day that I must in some way advance against this ignorance and help dispel it. I have made it my special duty to present these truths to my patients, and as occasion offered have spent much time explaining them. My efforts have brought results, yet I have not been satisfied; that more than this should be done I feel certain. I have attempted this by the distribution of pamphlets to my families, and particularly to those who have not before learned really anything concerning our methods of practice. I have made use of several different publications, and there are some very good ones. The best one that has yet come to hand is published by the Boenninghausen Club, of Boston, "*Homœopathy a Pamphlet for the People.*" It is to the point and covers the ground thoroughly. I would call the attention of this Association to this publication, which can be had at a very reasonable price by writing to Dr. A. L. Kennedy, Boston.

We, as members of this Association, virtually pledge ourselves to work for the truths which are the foundation and vitality of our scientific application of medicine in the cure of disease. We

must, therefore, teach this truth to the people. There are very few medical schools who teach their students the philosophy of Homœopathy. Very few of the graduates of medical schools who pretend to be homœopathic are fitted to correctly take down the symptoms of a patient and select the most similar remedy for the case. It is not strange that under these circumstances the people are misinformed regarding the *practice* of *Homœopathy* and are imposed upon by a physician who calls himself a *homœopath*. He does not know and his patient does not know. This is a case of the blind leading the blind, and a very sad one it is, too.

What can we do as workers in this association to give light to these blind physicians and their blind patients and prevent their falling into the ditch? We must do our duty and devise a method to let the light we have so shine abroad in the land that even the untaught physicians may see the way and gladly walk therein. When we have succeeded in doing this a demand will come for medical schools that will teach the principles they pretend to stand for—and those unfaithful to the trust will finally be legislated out of business.

I ask you all to make use of the means at hand for spreading our truth and work to devise better methods and have them applied.

DISCUSSION.

Dr. Morgan: That has been my belief all the time; I had a conversation with Dr. Davis the last time we met at Manhattan Beach on that same subject, and I recall that he acceded to the idea.

Dr. Close: Tell us something about that little pamphlet,

Chairman: It was the work of the Boenninghausen Club in Boston. This is a small club of about a dozen men; each one wrote up a given subject as best he could, and they were all handed to a general editor, who simply amalgamated these articles into a whole.

Dr. J. Campbell: Does it enlighten without informing too much?

Chairman: They have tried to carry out that idea. There is

another little pamphlet which I would like to call your attention to, a pamphlet of about four pages, for use in correspondence with patients, by Dr. Drake, of Boston.

Dr. J. Campbell: Some people, I find, though presumably intelligent, can make nothing of them.

WHEN SHOULD THE SURGEON BE CALLED UPON TO OPERATE IN CONDITIONS ARISING FROM DISEASE?

EDMUND CARLETON, M. D., New York City, N. Y.

That is the question propounded to me, a short time ago, by our worthy chairman. Here is what he wrote: "I should like from you a paper giving your ideas on this question: When should the surgeon be called upon to operate in conditions arising from disease? What principles are to guide us in deciding when it is necessary to operate, as, for example, in certain cases of appendicitis; effusions of liquid or pus into the pleural or peritoneal cavities; tumors—ovarian, uterine, etc.?"

I suppose it is pretty generally admitted that there are time and place for operative surgery, in conditions arising from other than traumatic causes, even under Hahnemannian auspices; but where is the line to be drawn? How are we to know when to call the surgeon? At what point or under what conditions does operation become either advantageous or necessary in the treatment of the case? Surely, it cannot be said that the Hahnemannian and the operating surgeon have no use for each other, and cannot work together. There must be some cases, even in the practice of Hahnemannian Homœopathy of highest degree, when the knife must be used. * * * * * It is a very important subject, and I want you to give us at least a preliminary paper upon it, anyway; more, if time permits."

Traumatisms and congenital malformations are excluded from our inquiry. Let us briefly consider the problems given.

The only recorded utterance of Hahnemann that has any bearing in this connection is in the *Organon*, Section 186, where he

instances as belonging to surgery, "Opening the cavity of the abdomen, either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids."

It seems to me important to decide, first, who is the "surgeon." Theoretically, every graduate of every medical college is a surgeon. He is instructed in surgery, and must pass satisfactory examination in the same before being admitted to practice. Not every graduate will make a specialty of surgery, or qualify to perform the most difficult operations; but he should have an educated judgment, sufficient for ordinary cases; and should know when it is proper for him to ask for consultation. In suits for malpractice the judge charges the jury that (unless the doctor claims unusual and expert qualifications) ordinary skill and knowledge are required, and no more. Probably Hahnemannians need to be reminded of their duty in this connection more than others. They know the greater value of subjective when compared with objective symptoms, provided that it is a case requiring a drug; and long habit is apt to lead them (the Hahnemannians) to become careless of objective symptoms. In this they are not true to Hahnemann, who demanded a consideration of *all* the symptoms. It is a pity when such carelessness brings defeat upon the good doctor at the hands of a much inferior practitioner. Instances of this are occasionally seen, for, of course, human nature is not infallible. In more than one case the physician has prescribed unavailingly for a child's foul-smelling breath, and his successor has ended the trouble at once by extracting a bean from the nostril. This has happened to representatives of all schools of medicine. It should be our constant endeavor to let members of the Old School to monopolize such mistakes. Do not give medicine when it is not needed and something else is needed.

Sound judgment is the first qualification in a physician. It is unsound to regard the surgeon as a mere mechanic. How common it is to hear homœopathic physicians apologizing for the unfit college professor, who is harming his college and our cause by crude, materialistic, allopathic precept and example! This is what they say: "I know he is a wretchedly poor homœopath, but he is a good surgeon." That sentence shows the speaker to be possessed of a very pernicious theory. Such a "surgeon"

is no surgeon at all. He is a knives-man, and his kind is much too numerous. He is ever ready for business. He may have diagnostic skill and be a deft operator, but has no knowledge of, belief in, or adoption of the law of similars; and would be scarcely tolerated by such men as Agnew or Gross. He has no good judgment. He is incapable of deciding what is best for the patient, all considered. His victims are driven to the table without stint. The apologist requires no difference between surgery at the hands of a genuine Hahnemannian, possessing sound judgment, and that of the knives-man, professing to belong to any school of medicine. Shall the surgery that, immediately and without hesitation, condemns a tumor of the mammary gland to the knife be considered superior, or at least equal, to that which weighs all the symptoms of the patient and honestly endeavors to effect a cure with Homœopathy! Go to! The first considers tumor and disease identical and local, and therefore urges early and thorough removal, hoping thereby to end the trouble. The other adopts Hahnemann's view of the origin of disease; does not confound cause and effect; believes in the efficacy of *similia* (has he not seen many demonstrations?); and knows that medicine should precede the knife, even in the most malignant and incurable cases, as well as those that are of doubtful nature.

When, in our judgment, medicine is no longer available to arrest a malady, while operation offers hope of amendment or cure, then a decision in favor of the knife is right. In reaching a decision, each case must be ruled by its own requirements. The more vascular the part affected the quicker will the disease reach the danger point, and the sooner will be demanded an operation, if medicine has not meanwhile accomplished the desired result. Acute glaucoma admits of little delay. A bony tumor may be surveyed more leisurely. The physician knows the histories and courses of diseases, and governs himself accordingly. The rapid disease does not catch him napping, and the tardy one does not lead him to laziness. In both cases he sees when his remedies are no longer producing improvement. Then he introduces the supplement.

"Certain cases of appendicitis" are put in question. There is no reason, apparent to me, for making numerous classes of appen-

dicitis cases. Certainly, no Hahnemannian would think of operating at first upon a diseased appendix. Many of our Old School brethren have taken the same position. But they are sceptical of a cure by medicine and advise operation before another attack shall supervene, or, at any rate, at the very first sign of a second attack. Suppuration they dread, and it is serious; but Homœopathy does not shrink from suppuration, nor from fulmination. Mortification calls a halt, of course. We treat the living; threatened death of a part admits of no temporizing. Cases with and without suppuration have come under my observation. None have died. None have I operated upon. All have recovered. It may be said, in passing, that all those having pus came from sources not Hahnemannian (I did not say not homœopathic by profession). When asked by the attending physician to operate, I have made as careful examination as possible of all the symptoms—subjective as well as objective. It has never been my plan to refuse operation, point blank; but rather to ask if the indicated remedy (naming it) has been given. The reply has invariably been in the negative. Then I have urged the prescription, while the knife waited; have always been asked, with much misgiving, to take the responsibility; have always assumed it, saying that operation could follow, medicine failing; and have never failed to get the desired result. If the well-selected remedy does not show improvement in one day, or, at least, sooner prevent exacerbation, then interfere. It should be added that proper medication will contribute towards the success of an operation should that become imperative; so that time is not lost in making the proper endeavor with medicine. I can hardly conceive of a recurrence when the treatment has been Hahnemannian and instituted early. Certainly such instances must be rare, for our treatment is curative. It should be needless to say that all prescriptions are made to correspond to the complete sick picture, and not merely to the symptoms of appendicitis only, or whatever mainly engages the attention of the patient.

But some recurrent cases will come to us. Then they are to be treated as has been already described. I have not found them intractable, even though complicated; but have generally found that there would be two or more recurrences before a cure could

be effected—the attacks steadily becoming milder and further apart. Some of you will recollect the homœopathic literature of typhlitis and perityphlitis, as appendicitis was formerly called. Rarely did a death occur at the hands of those pioneer heroes, upon whom so many of our modern wiseacres cast a slur. But now, as then, death follows in the wake of the doctor of any school who wanders from the path of truth.

Pleurisy is a common disease. In homœopathic hands it does not commonly reach the stage of effusion. Even if that is reached, the effusion is generally absorbed. But if, in spite of *similia*, and probably on account of a neglected psoric taint, resolution does not occur, then the morbid products in the pleural sac should be evacuated. The physician will be guided to this conclusion by a stationary condition of the case. Cough, fever, and languor persist, and the area of bulging between the ribs gets no smaller. A week of this will convince the attendant that the time for interference has arrived.

The theory so sedulously advanced by many Old School and, I grieve to say, some New School men, that all operable tumors should be removed as soon as discovered and diagnosis made afterwards, may be profitable in a pecuniary sense, but is damnable in every other way. Benign or malignant, readily curable or not, away they go at one full swoop. If you can contemplate the performances of these fellows without anger and a sense of outrage, you are less susceptible than I am.

An innocent, unsophisticated and interesting girl, twenty years old, a friend of my family, visiting at a neighboring city, her home being far distant, was not seen or heard from by us for a good many weeks. Then she called, presenting a melancholy, sallow, thin, beraggled appearance, and told a sad story. She had suffered from dysmenorrhœa; a physician who was a stranger to her, but recommended by the family she was visiting, was called in, and prescribed an anodyne. The relief from pain thus brought about, inspired feelings of gratitude and confidence, so that when he told her that she must have an operation immediately, she assented without question and entered the hospital which he named. No explanation of the nature of the operation and its consequences was asked for or given. When, after the

operation, she found herself the subject of pains worse than before she began to make inquiries, and learned that both ovaries had been removed, and all implied thereby. Her state of mind may be imagined. When should that case have been operated upon? *Never!* Homœopathy would surely have relieved, probably cured. Even otherwise, there was no excuse for the inhuman monster, who plunged her into abject misery.

Some cases of salpingitis will try the patience of all the saints. I have one particularly in mind which seemed to defy me. I thought I should have to make an exception to my rule and remove one of her tubes. It was only when I searched back to the gonorrhœa which her husband had, and supposed cured before marriage, and prescribed for the symptoms he then had (but were imperfectly presented in her case) as nearly as I could, giving the remedy to her, that she began to make rapid and steady recovery. She is not well yet, but promises to be soon. Her case had lasted a number of years before she came to me, and had been under allopathic specialists who wanted to operate. That she refused to have done. She was under my care for more than a year before my mind assumed the attitude already related. My advice would be to fight long and hard before performing Tait's operation.

Some of you may remember the mammoth ovarian cyst removed by me a few years ago. The case was reported. The tumor, contents and all, weighed over one hundred and fifty two pounds, and has the record, so far, I believe. The most gratifying part is that the patient made an excellent recovery. That would have been impossible, however, save for careful homœopathic prescribing after the operation. When should that case have been operated upon? Years before! Then the patient's life would not have been in such extreme jeopardy, owing to adhesions almost unconquerable, from exhaustion and other dangers. Besides, time would have been saved, and years of discomfort spared the patient. There is no hope of curing the tumor with medicine after it reaches large size. While it is small, insufficient to alter the figure to the eye of the observer, though found by manual examination, then earnest medical effort should be directed against it. It is only by prescribing for all the symptoms

of the patient that any measure of success will be attained. This may consist in arrest of growth only, after six months of trial. If the tumor continues to grow, you are not having success. If it stops, and goes on again some months later, you have palliated only. Try again. Occasionally you will succeed, not only in arresting growth, but in causing disappearance. That is a great triumph for medicine. I have thus succeeded in a few instances. Dunham put one case on record. We labor under one disadvantage. The diagnosis cannot be absolutely demonstrated, and will be denied in case of a cure. No matter how many or how eminent the surgeons who agree to the diagnosis when an operation is *in posse*, they will, unanimously and positively, declare that they had been mistaken when a cure is *in esse*.

Thomas, in 1874, wrote thus in his book on Diseases of Women, when noticing fibroid tumors of the uterus: "It may be stated that surgical procedures should be resorted to only under two circumstances: First, where the growth is so located as to render removal practicable and safe; second, where the disease is threatening the patient's life." He taught his students to hold on, if possible, till the change of life should bring a natural termination. To-day Kelly advises operation, almost universally. This contrast is noticed, to show how far the pendulum has swung. Naturally, we may expect it to swing the other way, soon. Meanwhile the homœopathic physician will not be thrown off his centre, but will prescribe for the entire case, and advise his patient to postpone operative interference until hæmorrhage, pressure from size or exhaustion, drive him to it. If he can have the case from the start, he will almost surely conquer. If he is called in late, he may be obliged to use the knife.

The Old School rule, to operate early upon malignant growths in the breast, is wrong. The tumor is but a symptom. If the whole case be prescribed for the chances for the patient are improved. Should an operation be performed later on, recurrence will not show so soon as it does after a very early operation without the influence of medicine. Also note well, that recurrence after a too early operation is attended with vastly greater suffering than in the opposite instance, and the pain will not yield to *similia* nor to *contraria*. In properly managed cases, *similia* con-

trols the pain beautifully. Each succeeding year of my life I operate less frequently in this class of cases, and have more satisfactory results by doing as just described. All the time that the physician is thus guiding his case, he may have a full and plain understanding with the patient, that if the morbid process advances he will operate. Just at this point the operation of convenience has sometimes to be done. All the reasoning and persuasion in the world will not influence some people to wait, and it is astonishing to see how much good they obtain from having their cancers put out of sight for the time being. It will not be overlooked, that some malignant tumors of the mammary gland have been cured, even after the formation of an open ulcer. This is unusual, however. On the other hand, many a mutilation has been made, on the supposition that a malignant growth was being removed, only to find upon examination by the pathologist that it was absolutely innocent of any such character—was such as should be cured by careful medication. Considering all the facts, it is wisest, as a rule, to operate upon tumors of the breast only when the patient insists upon it. Unless convinced that the tumor were malignant, I would not operate, even to please the patient.

A fatty tumor may not demand removal by the knife, even though medicine fail to diminish its size or even to retard growth, simply because it does not endanger the safety of or greatly inconvenience its possessor. If its presence causes great annoyance, remove it. The same is true of other benign troubles.

You cannot fail to have noticed the thread of silk running all through my paper. The physician must be familiar with the course of diseases. He must calculate how much time he will have before the danger point is reached, provided his medicine is ineffectual. He must observe the course of events while the medicine is working. An educated judgment, with experience and common sense, will then guide him in determining when to operate.

Here let me suggest, that we can render excellent service to our cause by reporting cases of warts, moles, benign and malignant tumors of the mammary gland, fibroid tumors of the uterus and so forth cured by the similar remedy. Let the diagnosis be

clearly established, as far as possible, to prevent all cavilling by sinister critics; and the reasons for prescriptions fully stated. For instance, it has been my custom, for a few years, to secure diagnosis and prognosis in writing from some well-known oculist, in cataract cases. Later on, when the beneficial effects of *similia* are reported, no one dares to make destructive criticism or hide behind a sneer. Only one of my cataract cases has gone to operation; and that was because the patient was nervous and would not wait. Homœopathy has not failed to help all the rest. A number are yet under treatment. I pronounce cured those whose sight is restored, although the oculist finds evidence of what has been. Of course I undertake only those in the formative stage. There is time to remove the lens when the impotence of medicine has been demonstrated. No harm, but rather good, if anything, will have been done by prescribing. The same rule holds for all the maladies that have been named for our consideration.

DISCUSSION.

Dr. Close: I, for one, feel very grateful to Dr. Carleton for that paper; he has made the principles very clear, indeed, and it is a subject that we are too frequently inclined to overlook, and then comes a time when it is forced upon our attention, and we feel awkward.

Dr. Campbell: It is a paper that delights my soul, because, as you know, I am very rabid upon that subject; but I believe, as Dr. Carleton has put it, it does not occur at the stage at which the multitude sees it. Of course, there is a time when the knife is necessary.

Dr. J. Campbell: It seems to me that this paper would make a good mate for the one already referred to for the edification of some of the laity. There is a good deal of feeling just now concerning operations; the operation topic is in everybody's mouth, both lay and professional.

Dr. Morgan: Both these papers would do a great deal of good.

Dr. Carleton: How many of you have had appendicitis cases go to the knife?

Dr. Morgan: I have had one that went to the knife and from that to the undertaker. It was a case where the aggravation came about the menstrual periods, and yielded very rapidly to Belladonna. The first time and the next time Belladonna did quite good work, and Lachesis cleared it up very nicely, and I gave her directions that after she got better, that is, after she got so that she could go around, to call at the office and get some other treatment that she needed. Instead of that she went to an allopath to get further treatment, and the next thing I heard of her was that she was dead and buried, after having gone through an operation. She did not survive the operation, but I am convinced had she followed up homœopathic treatment she would have lived.

Chairman: I am afraid I have had several. I have had, at least, three cases of appendicitis operated upon; I do not know but what better prescribing would have rendered this resort unnecessary. They all recovered, however, though I have never been quite satisfied in my own mind. The first one, at the time of operation, presented a gangrenous appendix.

Dr. Carleton: Was it your case from the start?

Chairman: Yes, it was a very angry case, the worst, I think, I have ever seen. I do not remember how many days before the operation was performed. The second one was another angry case, similar in nature and with similar result; the third one was a most singular case. It was in a woman of unsound mind, and the appendix was gangrenous and ruptured during the operation. After that it became a most horrible pus case, but by careful prescribing managed to pull through; before convalescence had really asserted itself intermittent fever came on, and so for weeks she had a discharging abscess in the abdomen and a severe intermittent fever combined. During that time the mental symptoms were somewhat withheld. She was a woman who had not been under my care previous to this attack, as she was living in an institution. She had been in the habit of keeping beefsteak by her bedside and eating it by night and by day. The mental symptoms were very much improved during the progress of the other illness, but notwithstanding her recovery from the intermittent fever and condition of the abdomen the old symptoms returned after she went out of my hands. While under my care

she was kept on a light diet; after that she relapsed into her old habits again. Of course, I have had a good many other cases that have not gone on to operation; I have always felt that one should prescribe for them as long as was safe, and then if it seemed a matter of life or death have the operation performed. The paper did not bring out the point I started to mention in the discussion of Dr. Loos' paper, which is this, to just what degree does an operation jeopardize a subsequent cure by homœopathic treatment? Take a patient with chronic disease, an operation for removal of the ovaries is performed, or an operation for removal of hæmorrhoids, then may we expect a cure of the case by remedies? I have felt that under such circumstances a homœopathic cure was impossible, and I do not know that I have ever been able to treat such a patient satisfactorily.

Dr. Campbell: What gives you that idea?

Dr. Patch: Because a cure necessarily means a return of the symptoms in the inverse order of their coming, and, of course, if the physical parts are removed there is no chance for this given group of symptoms to return, hence it does not seem possible to cure that case. You may get a partial result, to be sure, but the case is always mixed and difficult, and I have come to the conclusion that it is better to tell such patients it will be impossible to do anything for them than to take them and fail.

Dr. Carleton: Do I quite understand the position? In the first place you spoke of ovaries; were the ovaries the principal point of attack, and the hæmorrhoids the second?

Chairman: In a case of chronic disease one would not make such a distinction; there might be one set of symptoms following another for a period of several years, or a lifetime.

Dr. Carleton: Your point is a good one, and I did not speak of it. I did, however, speak of tumors in the mammary gland.

Chairman: I did not mean malignant cases in particular, but those we consider as psoric generally.

Dr. Carleton: I always tell patients when they insist upon going and having the tonsils cut, "Well, you can have your own way, and you can go on having your own way."

Chairman: Is it not better to tell such patients plainly when they come to us that we can do nothing for them?

Dr. Morgan: That has been my plan. I find that when an organ has been removed I cannot make a complete cure and restore patients to health.

Dr. Carleton: You can, of course, tell them in such a case, that you cannot cure, but you can palliate.

Dr. Morgan: You can make them live a little more comfortably, especially after an operation for hemorrhoids or removal of the tonsils, and even after removal of small tumors of the breast.

Dr. Carleton: I have had a number of cases of epilepsy from removal of hemorrhoids, and I say if you prefer epilepsy to hemorrhoids, go on.

Dr. Campbell: I always say, "I will do the best I can, but you cannot restore organs." There was a woman came to me for treatment a few years ago; she had had the ovaries removed, and then the uterus, and later had had an operation for hemorrhoids, she was terribly mutilated. She is a changed woman, has no personality; she is just a mere machine and full of complaints all the time. She has passed the menstrual period, but notwithstanding all the loss and removal of tissue and organs, I have succeeded in producing an occasional vaginal discharge of blood, the condition before the removal of these organs; there must have been originally a state of extreme congestion.

Dr. Loos: I had a case similar to that, woman had had the uterus and ovaries removed, and in two or three months under homœopathic treatment menstruation returned. I concluded there had been just a little of the uterine membrane left in the cervix. That patient stopped her medicine because she was well; she came back a year after treatment and said she was first-class, and felt splendid.

Dr. Close: Does anyone know what the Viavi remedy is? It is some local application which is made to the uterus for pelvic congestion, tumors and conditions of various kinds; some proprietary medicine. A case came to me recently, a maiden lady past the climateric, who has a growth of the breast, a sarcoma, I think, but it is manifestly a malignant tumor well advanced, with swollen axillary glands. On inquiring into the history of it, I found that some eight years ago she had what was called at the time, "an inflammation and enlargement of the

womb," and for that this Viavi remedy was used with wonderful success, so that all the inflammation of the womb disappeared, and there was no other manifestation for several years; if I remember rightly this mammary tumor appeared three or four years ago.

Dr. Carleton: A clear case of suppression and metastasis.

Dr. Close: So I told her; I look forward with anything but pleasure in the treatment of the case.

Dr. Morgan: About seven years ago I had a well-built, fine looking woman come to me with the tale that she had had fearful womb disease, had been to the hospital, had the uterus and ovaries all taken out, and when I came to investigate I found that there was an umbilical hernia about seven inches in length, from umbilicus to pubis, and that she had to have a very strong bandage to hold it up. It was about a year since the operation and she had not ceased flowing for sometime. I examined, and found in the posterior cul-de-sac a very large polypus. I told her, in order to corroborate my diagnosis, to go to somebody else for an examination. She went to Dr. Kelly, and he told her there was a large growth, a large tumor, and she would not live thirty days if that was not taken out. It did not scare worth a cent. She said she would investigate a little further; after a while she came back, and I gave her some treatment to wait on and let her go for a week and come again. By that time I had worked the case down to Calc. carb. I gave Calc. carb. the mm. In two weeks she came back and told me that three days before a piece of flesh came from her as big as her hand and the hæmorrhage had stopped. That has been about six years ago, and she has not had any hæmorrhage since, but has not been a healthy woman. The hernia is very marked, and she still has to wear a bandage. There is a case that is incurable; I always told her from the beginning that she never could be made well.

Dr. Campbell: I would like to ask Dr. Carleton if he thinks uterine curetting advisable or necessary?

Dr. Carleton: I have never seen a case where I thought it was necessary. A well known doctor in New York came to my office a good many years ago, and asked me to give ether for him, while he removed the material left in the uterus after a premature

birth. Certainly, I went and gave the ether. He had a table as large as the end of this one all spread with his instruments, etc., and everything set out in approved style. I put the woman under ether and then winked to him that she was all ready. He looked, when lo ! and behold ! the womb was empty !

EDITORIAL.

We are happy to announce that with the next issue the well-known editor of the *Archiv für homœopathie*, will assume the position of co-editor of the JOURNAL OF HOMŒOPATHICS. Dr. Villers is one of the old guard, and has long maintained the fight for pure Homœopathy in Germany, and none is better fitted than he to take hold of the European end of our work. By extracts and translations both from the old homœopaths and the Hahnemannians of to-day, and by original articles on the most recent discoveries having a bearing on Homœopathy, Dr. Villers will contribute materially to the interest and value of the JOURNAL.

PERSONALS.

Prof. Kent's office hours at 707 Stewart Building, 92 State street, Chicago, are from 10 A. M. to 1 P. M. His house address is 1334 Hinman Ave., Evanston, Ill.

Dr. Erastus E. Case has removed to 909 Main street, Sage-Allen Building, Hartford, Conn.

BOOKS FOR REVIEW.

A SYSTEMATIC, ALPHABETIC REPERTORY OF HOMŒOPATHIC REMEDIES BY DR. C. VON BONNINGHAUSEN. Part first: Embracing the *Antipsoric, Antisyphilitic and Antisycolic Remedies*: Translated from the second German edition, by C. M. BOGER, M. D., member of the I. H. A. Philadelphia: Bœricke & Tafel, 1900. 269 pages. Price, half morocco, \$3.00, by mail, \$3.13.

That sixty-six years should pass before a translator should be found for Bonninghausen's Repertory is a matter of surprise. This was the best index to the Chronic Diseases, and had the especial approval of Hahnemann, who wrote an introduction to the second edition, dealing with the repetition of the dose. It is fitting, therefore, that the new translation of the *Chronic Diseases* should be so closely followed by the index to its symptoms, viz., Bonninghausen's Repertory of the Antipsoric Remedies. The expediency of translating such an old work might be questioned, but a little reflection will convince anyone that if the original pathogeneses of the provings made by Hahnemann are worth studying (and who doubts it a moment), the repertory of these remedies should be welcomed as a companion volume. Part second, viz., the Repertory of the Apsoric Remedies, which is the twin volume, taking up the remedies contained in the *Materia Medica Pura*, will, we understand, follow as soon as possible. Meanwhile we extend our congratulations and record our indebtedness to Dr. Boger for putting within the reach of English speaking homœopaths a work which has ever had the approval of Hahnemann and the other masters. The publishers have, in this their latest volume, kept up the fame of their house for excellent typography and binding.

MEDICINE AS A BUSINESS PROPOSITION, by G. Frank Lydston, M. D. The Riverton Press, 132 Market street, Chicago. 32 pages. Price, 25 cents.

This pamphlet voices the murmurings heard on every hand against the great army of dispensary-abusers and dead beats which threatens to overwhelm ultimately the physician as a business man. The different causes of the failure of medicine to provide a livelihood to the majority of city doctors, are each taken up and the remedy suggested. The remarks are trenchant and timely and, although the writer could not resist the temptation to give Homœopathy a few digs by the way, we can forgive him as he is mercilessly hard on his allopathic brethren who have become, as a rule, mere tools in the hands of the manufacturing chemist.

RELATIONSHIP OF REMEDIES.

DR. R. GIBSON MILLER, GLASGOW, SCOTLAND.

AUTHORITIES.— { 1. *Hering's Guiding Symptoms and Condensed Materia Medica.*
 2. *J. T. Kent's Lectures on Materia Medica.*
 3. *Guernsey's Key-notes to Materia Medica.*

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
ACET-AC.			After Borax caust., ¹ nux., ¹ ran-b., ¹ sars. ¹		14-40 d.
ACON.	Coff., ¹ sulph. ¹	Ars., ¹ arn., ^{1,3} bell., ^{1,3} bry., ^{1,3} canth., ³ cactus., ¹ cocc., ¹ hep., ¹ ipec., ¹ kali-bro., ¹ merc., ^{1,3} puls., ^{1,3} rhus., ³ sep., ^{1,3} sulph. ^{1,3}		Acet-ac., ¹ bell., ¹ paris, ¹ wine. ¹	1 hour to several weeks.
AGAR.		Bell., ^{1,3} calc., ^{1,3} cupr., ¹ merc., ^{1,3} op., ^{1,3} puls., ^{1,3} rhus., ^{1,3} sil. ^{1,3}		Calc., ¹ puls., ¹ rhus. ¹	40 d.
AGNUS.		Ars., ^{1,3} bry., ^{1,3} ign., ^{1,3} lyc., ^{1,3} puls., ^{1,3} selen., ¹ sulph. ^{1,3}		Camph., ¹ ntr-m. ¹	8-14 d.
ALOE.	Sulph. ²	Kali-b., ² sep., ² sulph., ² sulph-ac. ²	All-s. ¹	Camph., ¹ lyc., ¹ nux., ¹ sulph. ¹	30-40 d.
ÆTHUSA.	Calc. ²			Vegetable acids.	20-30 d.
ALUM.	Bry., ¹ ferr. ¹	Arg-m., ¹ bry. ^{1,3}		Bry., ¹ camph., ¹ cham., ¹ ipec. ¹	40-60 d.
AMBRA.		Lyc., ³ puls., ³ sep., ³ sulph. ³		Camph., ¹ coff., ¹ nux., ¹ puls., ¹ staph. ¹	40 d.
ALL-SAT.	Ars. ¹		Aloe, ¹ cepa, ¹ squil. ¹	Lycop. ¹	

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
AM-CARB.		Bell., ³ calc., ³ lyc., ³ puls., ³ phosph., ³ rhus, ³ sepia, ³ sulph. ³	Laches. ¹	Arn., ¹ camph., ¹ hep. ¹	40 d.
AM-MUR.		Ant-cr., ³ coff., ³ merc., ³ nux., ³ phosph., ³ puls., ³ rhus. ³		Coff., ¹ nux. ¹	20-30 d.
ANA-CARD.		Lyc., ³ puls., ³ plat. ¹		Coff., ¹ juglans. ¹	30-40 d.
ANT-CRUD.	Squil. ¹	Calc., ³ lach., ³ merc., ¹ puls., ^{1,3} sepia, ³ sulph. ^{1,3}		Calc., ¹ hep., ¹ merc. ¹	40 d.
ANT-TART.		Bar-c., ³ cina, ¹ camph., ¹ ipec., ^{1,3} kali-b., ¹ puls., ^{1,3} sepia, ^{1,3} sulph. ^{1,3}		Asaf., ¹ chin., ¹ cocc., ¹ ipec., ¹ lauro., ¹ op., ¹ puls., ¹ rhus, ¹ sepia. ¹	20-30 d.
APIS.	Ntr-m. ¹	Ars., ^{1,3} graph., ¹ iod., ¹ lyc., ¹ puls., ^{1,3} stram., ¹ sulph. ¹	Rhus., ² phosph. ²	Ipec., ¹ lach. ¹ lactic-ac. ¹	
ARG-MET.		Calc., ¹ puls., ¹ sepia. ¹		Merc., ¹ puls. ¹	30 d.
ARG-NIT.		Calc., ³ kali-c., ³ lyssin., ¹ lyc., ³ Merc., ³ puls., ³ sepia, ³ sil. ³		Ars., ¹ calc., ¹ iod., ¹ lyc., ¹ merc., ¹ ntr-m., ¹ puls., ¹ phosph., ¹ rhus, ¹ sepia, ¹ sulph., ¹ silic. ¹	30 d.
ARNICA.	Acon. ¹	Ars., ¹ acon., ¹ bry., ^{1,3} bell., ³ cactus., ¹ calc., ³ cham., ² chin., ³ con., ³ hep., ¹ ip., ¹ iod., ¹ nux., ³ puls., ³ phosph., ³ rhus, ^{1,3} sulph., ³ sul-ac. ¹		Acon., ¹ ars., ¹ chin., ¹ ign., ¹ ipec., ¹ camph. ³	6-10 d.
ARSEN-A.	All-s., ¹ ntr-s., ² phosph., ¹ carb- veg., ¹ thuj. ²	Apis., ³ aranea., ¹ bell., ¹ cactus., ¹ cic., ¹ chel., ¹ cham., ³ chin., ³ ferr., ³ fluor-ac., ¹ hep., ³ ipec., ³ iod., ^{1,3} kali-b., ² lyc., ³ merc., ³ nux., ^{1,3} sulph., ^{1,3} verat. ¹		Camph., ¹ chin., ¹ chin-s., ¹ ferr., ¹ hep., ¹ iod., ¹ ipec., ¹ graph- ites, ¹ nux-m., ¹ nux., ¹ samb., ¹ sulph., ¹ tabac., ¹ verat. ¹	60-90 d.
ARUM-T.		Euphm. ¹	Calad. ¹	Bell. ¹	1-2 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
ASAF.		Chin., ³ merc., ³ puls. ³		Caust., ¹ camph., ¹ china, ¹ merc., ¹ puls., ¹ valer. ¹	20-40 d.
ASAR.		Bism., ¹ caust., ³ puls., ³ sil. ³		Acetic-ac., ¹ camph. ¹	8-14 d.
AURUM.		Acon., ³ bell., ³ Calc., ³ chin., ³ lyc., ³ merc., ³ nitric-ac., ¹ puls., ³ rhus, ³ sep., ³ sulph., ³		Bell., ¹ chin., ¹ cocc., ¹ coff., ¹ cupr., ¹ merc., ¹ puls., ¹ spig., ¹ sol-n.	50-60 d.
BAR-C.	Dulc. ¹	Ant-t., ¹ con. ³ (calc. ³), puls., ³ phosph., ³ rhus, ³ sepia, ³ sil. ³ sulph. ¹⁻³	Calc. ¹	Ant-t., ¹ bell., ¹ camph., ¹ dulc., ¹ merc., ¹ zinc. ¹	40 d.
BADIAGA.	Iod., ¹ merc., ¹ sulph. ¹	Lachesis. ¹			
BELLAD.	Calc. ¹	Acon., ³ ars., ¹ cact., ¹ calc., ¹⁻³ cham., ¹ carb-veg., ¹ chin., ¹ con., ¹ dulc., ¹ hep., ¹ hyo., ¹⁻³ laches., ¹⁻³ merc., ¹ mosch., ³ mur-ac., ¹ nux., ³ puls., ³ rhus., ¹ sepia, ³ silic., ¹ stram., ¹ sulph., ³ senega, ¹ verat., ¹ valer. ¹	(Dulc?)	Acon., ¹ camph., ¹ coff., ¹ hep., ¹ hyo., ¹ op., ¹ puls., ¹ sabad., ¹	
BISM.		Bell., ³ calc., ³ puls., ³ sepia. ³		Calc., ¹ caps., ¹ coff., ¹ nux. ¹	20-50 d.
BORAX.		Calc., ³ nux. ³	Acetic-ac., ¹ wine. ¹	Cham., ¹ coff. ¹	30 d.
BOVISTA.		Alum., ¹ calc., ¹ rhus, ¹ sepia. ¹		Coffea, camph. ¹	50 d.
BROM.		Arg-n., ¹ kali-c. ¹		Am-c., ¹ camph., ¹ magn-c., ¹ op. ¹	20-30 d.
BRYON.	Alum., ¹ rhus. ¹	Alum., ¹ ars., ¹ bell., ³ cactus, ¹ carb-veg., ¹ dros., ¹ hyos., ² kali-c., ¹ mur-ac., ¹ nux., ¹⁻³ phosph., ¹⁻³ puls., ¹⁻³ rhus., ¹⁻³ sepia, ³ sil., ¹ sulph. ¹⁻³		Acon., ¹ alum., ¹ camph., ¹ cham., ¹ clem., ¹ coff., ¹ chel., ¹ ign., ¹ mur-ac., ¹ nux., ¹ puls., ¹ rhus., ¹ senega. ¹	7-21 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
CALAD.	Nitric-ac. ¹	Acon., ³ caust., ³ puls., ³ sepia. ³	Arum-t. ¹	Caps. ³	30-40 d.
CALC-CARB.	Bell., ¹ rhus.	Agar., ³ bism., ³ bell., ³ dros., ¹ ipec., ³ graph., ¹ lycop., ¹⁻³ nitric-a., ¹⁻³ ntr-c., ³ nux., ¹⁻³ puls., ³ phosph., ¹ plat., ¹ rhus., ¹ sil., ¹ sepia, ³ sars., ³ therid. ¹	After Kali-b.	Bry., ³ camph., ¹ chin., ¹ iod., ¹ nitric-ac., ¹ nit-s-d., ¹ nux., ¹ sepia, ¹ sulph. ¹	60 d.
CALC-PHOS.	Hep., ¹ ruta., ¹ sulph., ² zinc. ²	Rhus, ¹ sulph. ¹			
CAN-THAR.		Bell., ¹⁻³ kali-b., ¹ merc., ¹⁻³ phosph., ¹⁻³ puls., ¹⁻³ sepia, ¹⁻³ sulph. ¹⁻³		Acon., ¹ apis, ² camph., ¹ coff., ¹ kali-nit., ¹ laur., ¹ rheum. ¹	
CAM-PHOR.		Ars., ³ ant-t., ¹ bell., ³ cocc., ³ nux., ³ rhus, ³ verat. ³	After Kali-nit. ¹	Nit-s-d., ¹ op., ¹ phosph. ¹	
CANN-S.		Bell., ¹⁻³ hyo., ¹ lyc., ¹⁻³ nux., ¹⁻³ op., ¹⁻³ puls., ¹⁻³ rhus, ¹⁻³ verat. ¹⁻³		Camph. ¹	1-10 d.
CAPSIC.		Bell., ¹⁻³ lyc., ¹⁻³ puls., ¹⁻³ sil. ¹⁻³		Calad., ¹ camph., ¹ chin., ¹ cina, ¹	7 d.
CARB-AN.	Calc-ph. ¹	Ars., ¹⁻³ bell., ¹⁻³ bry., ¹⁻³ (carb-veg., ³) nitric-ac., ¹ phosph., ¹⁻³ puls., ¹⁻³ sep., ¹⁻³ sil., ¹⁻³ sulph., ¹⁻³ verat., ¹	Carb-veg?	Ars., ¹ camph., ¹ nux., ¹ vinum. ¹	60 d.
CARB-VEG.	Dros., ² kali-c., ¹ posph. ²	Ars., ¹ acon., ³ chin., ¹ dros., ¹ kali-c., ¹ lyc., ³ merc., ¹ nux., ³ ph-ac., ¹ puls., ³ sepia, ³ sulph. ³	Carb-an?	Ars., ¹ camph., ¹ coff., ¹ lach., ¹ nit-sp-d. ¹	60 d.
CAUST.	Petrosel. ¹ coloc. ²	Ant-t., ¹ calc., ¹⁻³ gnaia., ¹ kali-i., ¹ lyc., ¹⁻³ nux., ¹ puls., ³ rhus., ¹⁻³ ruta., ¹ sep., ¹⁻³ sil., ¹ sulph., ¹⁻³ stan. ¹	Phosph., ¹ acids, ¹ coffea. ¹	Asaf., ¹ coff., ¹ coloc., ¹ nux., ¹ nit-sp-d. ¹	50 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
CEPA.	Phosph., ¹ puls., ¹ sars., ¹ thuja. ¹	Calc., ¹ sil. ¹	All-s. ¹	Arn., ¹ cham., ¹ verat. ¹	
CHAM.	Bell., ¹ mgn-c. ¹	Acon., ³ arn., ² bell., ¹⁻³ bry., ³ cact., ¹ calc., ¹ cocc., ¹ form., ¹ merc., ³ nux., ³ puls., ³ rhus, ¹ sep., ³ sil., ³ sulph. ³		Acon., ¹ alum., ¹ borax, ¹ camph., ¹ cocc., ¹ coff., ¹ coloc., ¹ ign., ¹ nux., ¹ puls., ¹ valer. ¹	20-30 d.
CHELID.		Acon., ³ ars., ¹ bry., ¹ ip., ¹ lyc., ³ led., ¹ nux., ³ sepia, ³ spig., ³ sulph., ³		Acon., ¹ cham., ³ coff., ³ acids, ¹ wine. ¹	7-14 d.
CICUTA.		Bell., ³ hep., ³ puls., ³ rhus., ³ op., ³ sep. ³		Arn., ¹ op., ¹ tabac. ¹	35-40 d.
CINA.		Calc., ³ chin., ³ ign., ³ nux., ³ plat., ³ puls., ³ rhus., ³ sil., ¹ stann. ¹		Camph., ¹ caps., ¹ chin., ¹ pip-n. ¹	14-20 d.
CLE- MATIS.		Calc., ³ rhus., ³ sep., ³ sil., ³ sulph. ³		Bry., ¹ cham. ³	40 d.
CHINA.	Ferr. ¹	Arn., ³ ars., ¹⁻³ asaf., ³ acet-ac., ¹ bell., ³ carb-veg., ³ calc., ¹ calc-ph., ¹ ferr., ³ lach., ³ merc., ³ puls., ³ phosph., ¹ ph-ac., ¹ sulph., ³ verat. ¹⁻³	After Dig., ¹ after selen. ¹	Arn., ³ ars., ¹ aranae, ¹ apis, ¹ asaf., ³ bell., ³ calc., ¹ carb- veg., ¹ eupat., ¹ ferr., ¹ ipec., ¹ laches., ¹ lyc., ¹ ntr-c., ¹ ntr-m., ¹ nux., ¹ puls., ¹ sepia, ¹ sulph., ¹ verat. ¹	
COCCUL.		Ars., ³ bell., ³ hep., ³ ign., ³ lyc., ³ nux., ³ rhus., ³ puls., ³ sulph. ³	Coffea. ¹	Camph., ³ nux. ³	30 d.
COFFEA.	Acon. ¹	Acon., ¹ aur., ³ bell., ³ lyc., ³ nux., ³ op., ³ sulph. ¹	Canth., ¹ caust., ¹ cocc., ¹ ign. ¹	Acon., ¹ acet- ac., ¹ cham., ¹ ign., ¹ merc., ¹ nux., ¹ puls., ¹ sulph. ¹	10 d.
COLCH.		Carb-veg., ¹ merc., ³ nux., ³ puls., ³ rhus., ³ sepia. ³		Bell., ¹ camph., ¹ cocc., ¹ led., ¹ nux., ¹ puls. ¹	14-20 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
COLOCYN.		Bell., ³ bry., ³ caust., ² cham., ³ merc., ³ nux., ³ puls., ³ spig., ³ staph. ^{3,3}		Camph., ¹ coff., ¹ staph. ¹	
CONIUM.		Arn., ¹ ars., ¹ bell., ³ calc., ¹ cic., ¹ dros., ¹ lyc., ³ nux., ³ phosph., ³ puls., ³ rhus., ³ stram., ³ sulph. ³		Coffea, ¹ nitric-ac., ¹ nit-sp-d. ¹	30-50 d.
COR-RUB.		Sulph. ¹			
CROCUS.		Nux., ³ puls., ³ sulph. ³		Acon., ¹ bell., ¹ op. ¹	8 d.
CROT-TIG.		Rhus. ³			30 d.
CUPRUM.	Calc. ¹	Ars., ¹ bell., ³ calc., ¹ caust., ¹ cic., ¹ hyo., ³ kali-n., ¹ puls., ³ stram., ³ verat. ^{1,3}		Bell., ¹ chin., ¹ camph., ¹ con., ¹ dulc., ¹ hep., ¹ ipec., ¹ merc., ¹ nux., ¹ puls., ¹ verat. ¹	40-50 d.
CYCLAM.		Phosph., ³ puls., ³ rhus., ³ sepia, ³ sulph. ³		Camph., ¹ coff., ¹ puls. ¹	14-20 d.
DIGIT.		Bell., ³ bry., ¹ cham., ¹ chin., ³ lyc., ³ nux., ³ op., ¹ phosph., ¹ puls., ³ sepia, ¹ sulph., ³ verat. ³	Nit-sp-d. ¹	Apis, ¹ camph., ³ (colch.), nux., ¹ nitric-ac., ¹ op. ¹	40-50 d.
DROS.	Nux. ¹	Calc., ³ cina, ¹ puls., ³ sulph., ³ verat. ¹		Camph. ¹	20-30 d.
DULC.	Bar-c. ¹	Bell., ³ calc., ³ lyc., ³ rhus., ³ sepia. ³	Bell., ¹ lach. ¹	Camph., ¹ cupr., ¹ ipec., ¹ merc. ¹	30 d.
EUPAT-PERF.		Ntr-m., ¹ sepia. ¹			1-7 d.
EU-PHRASIA.		Acon., ¹ calc., ¹ con., ^{1,3} nux. ^{1,3} phosph., ^{1,3} puls., ^{1,3} rhus., ¹ sil., ¹ sulph. ^{1,3}		Camph., ¹ puls. ¹	20-30 d.
EU-PHORB.		Ferr., ³ lach., ³ puls., ³ sepia, ³ sulph. ³		Camph., ³ acet-ac. ¹	50 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
FERR.	Alum., ¹ chin., ¹ ham. ¹	Arn. ¹ , acon., ³ bell., ¹ chin., ³ con., ³ lyc., ³ merc., ¹ puls., ³ phosp., ³ sulph., ³ verat. ¹	Acetic-ac. ³	Arn., ¹ bell., ¹ ars., ¹ chin., ¹ hep., ¹ ip., ¹ puls., ¹ thea., ³ verat., ¹ beer. ¹	50 d.
FLUOR-AC.	Silic. ¹	Graph., ³ nitric-ac. ³			30 d.
GELS.		Baptisia, ¹ ipec. ¹		Chin., ¹ coff., ¹ ntr-m. ¹	
GRAPH.	Ars., ¹ caust., ¹ hep., ¹ ferr., ¹ lycop. ¹	Euphm., ¹ ntr-s., ² sil. ¹		Acon., ¹ ars., ¹ nux. ¹	40-50 d.
GUAIAC.		Calc., ³ merc. ³		Nux. ¹	
HAM.	Ferr. ¹				1-7 d.
HELLEB.		Bell., ³ bry., ³ chin., ³ lyc., ³ puls., ¹⁻³ nux., ³ phosph., ³ sulph., ³ zinc. ¹		Camph., ¹ China. ¹	20-30 d.
HEPAR.	Calend. ¹	Acon., ¹ arn., ¹ bell., ¹ bry., ³ iod., ¹ lach., ¹ merc., ³ nux., ³ puls., ³ rhus., ³ sep., ³ spong., ¹ silic., ¹⁻³ sulph., ³ zinc. ¹	Spong. does not follow (C. C. Smith).	Acet-ac., ¹ bell., ¹⁻³ cham., ¹ sil. ¹	40-50 d.
HYOSC.		Bell., ¹⁻³ puls., ¹⁻³ stram., ¹⁻³ verat. ¹⁻³		Acet-ac., ¹ bell., ¹ chin., ¹ citric-ac., ¹ stram. ¹	6-14 d.
IGNAT.	Ntr-m. ²	Ars., ¹⁻³ bell., ¹⁻³ calc., ¹⁻³ chin., ¹⁻³ lycop., ¹⁻³ nux., ¹⁻³ puls., ¹⁻³ rhus., ¹⁻³ sep., ¹⁻³ sil., ¹ sulph., ¹⁻³	Tabac. ¹	Arn., ¹ acet-ac., ¹ cham., ¹ cocc., ¹ camph., ¹ coff., ¹ nux., ¹ puls. ¹	9 d.
IOD.	Bad., ¹ lycop. ¹	Acon., ¹⁻³ arg-n., ¹ calc., ¹ kali-b., ¹ lyc., ³ merc., ¹⁻³ nux., ³ phosph., ¹⁻³ puls., ³ rhus., ³ sepia, ³ sil., ¹ sulph. ³		Ant-t., ¹ ars., ¹ apis, ¹ bell., ¹ camph., ¹ chin., ¹ chin-s., ¹ coff., ¹ ferr., ¹ graphit., ¹ hepar, ¹ op., ¹ phosp., ¹ spong., ¹ sulph., ¹ thuja. ¹	30-40 d.
IPEC.	Cupr. ¹	Ars., ¹ arn., ² ant-t., ¹ bell., ¹⁻³ bry., ¹⁻³ calc., ¹ chin., ¹ cham., ³ cupr., ¹ cadm., ¹ ign., ³ nux., ¹⁻³ phosph., ¹ puls., ³ rheum., ¹ sep., ¹ sulph., ¹		Arn., ¹ ars., ¹ chin., ¹ nux., ¹ tabac. ¹	7-10 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
KALI-B.		Ant-t. ¹		Ars., ¹ laches., ¹ puls. ¹	30 d.
KALI-CARB.	Carb-veg., ¹ nux. ²	Ars., ³ carb-veg., ¹ fluor-ac., ¹ lyc., ³ nitric-ac., ¹ phosph., ¹⁻³ puls., ³ sep., ³ sulph. ³		Camph., ¹ coff., ¹ nit-sp-d. ¹	40-50 d.
KRHOS.		Ars., ¹⁻³ bell., ¹⁻³ calc., ¹⁻³ kali-c., ¹⁻³ lyc., ¹⁻³ nux., ³ nitric-ac., ¹⁻³ rhus., ¹⁻³ sepia, ¹⁻³ sulph. ¹⁻³	After carb-veg. ¹	Acon., ¹ nux. ¹	15-20 d.
KALI-NIT.		Bell., ³ calc., ³ puls., ³ rhus., ³ sep., ³ sulph. ³	Camph. ¹	Nit-sp-d. ¹	
KALI-SUL.		Acet-ac., ¹ ars., ¹ calc., ¹ hep., ¹ puls., ¹ rhus., ¹ sep., ¹ sil., ¹ sulph. ¹			
LACHES.	Hep., ¹ lyc., ¹ nitric-ac. ¹	Ars., ¹⁻³ acon., ³ alum., ¹ brom., ¹ bell., ¹ carb-veg., ¹ caust., ¹ con., ¹ cactus, ¹ cic., ¹ chin., ¹ euphm., ¹ hep., ¹ hyo., ¹⁻³ kali-b., ² lyc., ¹⁻³ lac-c., ¹ merc., ¹⁻³ merc-i-fl., ¹ nitric-ac., ¹ nux., ³ phosph., ³ puls., ³ rhus., ¹ sil., ³ sulph., ³ tarant., ¹	Am-c., ¹ sepia. ¹	Ars., ¹ bell., ¹ carb-veg., ¹ led., ² merc., ³ op. ¹	30-40 d.
LAURO-CER.		Bell., ³ carb-veg., ¹ phosph., ³ puls., ³ verat. ³		Camph., ¹ coff., ¹ ip., ¹ op., ¹ nux-m. ¹	4-8 d.
LEDUM.		Acon., ³ bell., ³ bry., ³ chel., ¹ nux., ³ puls., ³ rhus., ³ sulph. ³		Camph. ¹	30 d.
LYCOP.	Iod., ¹ lach. ¹	Anac., ¹ bell., ³ bry., ³ (calc. ³) colch., ¹ dros., ¹ graph., ¹ hyo., ³ kali-c., ¹ laches., ¹ led., ¹ nux., ³ phosph., ¹⁻³ puls., ³ stram., ³ sil., ¹ sepia, ³ therid., ¹ verat. ³	After sulph., except in cycle of sulph., calc., lyc., sulph., etc. ¹ coffea. ¹	Acon., ¹ camph., ¹ caust., ¹ cham., ¹ coff., ¹ graph., ¹ puls. ¹	40-50 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
MGN-CARB.	Cham. ¹	Caust. ³ phosp. ³ puls. ³ sep. ³ sulph. ³		Cham. ¹ rheum. ¹	40-50 d.
MGN-MUR.		Bell. ³ lyc. ³ ntr-m. ³ nux. ¹ puls. ³ sep. ³		Cham. ¹ camph. ³	40-50 d.
MANGA-NUM.		Puls. ³ rhus. ³ sulph. ³		Coff. ¹ camph. ³	40 d.
MARUM.		Chin. ³ puls. ³ sil. ³		Camph. ³	
MERC.	Bad. ¹	Ars. ^{1,3} asaf. ^{1,3} bell. ^{1,3} calc. ^{1,3} carb-veg. ¹ chin. ¹ guaiac. ¹ hep. ¹ iod. ¹ lyc. ^{1,3} mur-ac. ¹ nitric-ac. ¹ phosph. ^{1,3} puls. ^{1,3} rhus. ^{1,3} sepia. ^{1,3} sulph. ^{1,3} thuj. ¹	Silic. ¹	Ars. ¹ aur. ¹ bell. ¹ calad. ¹ carb-v. ¹ china. ¹ dulc. ¹ ferr. ¹ guaiac. ¹ hep. ¹ iod. ¹ kali-i. ¹ lach. ¹ mez. ¹ nitric-ac. ¹ nux-m. ¹ op. ¹ ruta. ¹ sars. ¹ staph. ¹ sep. ¹ sulph. ¹ stram. ¹ thuja. ¹	
MEZER.		Calc. ³ caust. ³ ign. ³ lyc. ³ merc. ³ nux. ³ phosph. ³ puls. ³		Calc. ¹ merc. ¹ nux. ¹	30-60 d.
MUR-AC.		Calc. ³ kali-c. ³ nux. ³ puls. ³ sepia. ³ sulph. ³ silic. ³		Camph. ¹ bry. ¹	35 d.
MENY-ANTH.		Caps. ^{1,3} lyc. ^{1,3} puls. ^{1,3} rhus. ^{1,3}		Camph. ¹	
NTR-CARB.		Calc. ³ nux. ³ nitric-ac. ¹ puls. ³ sepia. ³ sulph. ³		Camph. ¹ nit-sp-d. ¹	30 d.
NTR-MUR.	Apis. ¹ sepia. ²	Bry. ³ calc. ³ kali-c. ³ puls. ³ rhus. ³ sepia. ^{1,3} sulph. ³		Ars. ¹ phosph. ¹ nit-sp-d. ¹ camph. ³	40-50 d.
NTR-SULP.	Ars. ² thuj. ²				30-40 d.
NITRIC-AC.	Ars. ¹ calad. ¹	Arn. ¹ bell. ¹ calc. ^{1,3} carb-veg. ³ kali-c. ¹ kreos. ¹ merc. ³ phosph. ³ puls. ^{1,3} sil. ¹ sulph. ^{1,3} secale. ¹ sepia. ³ thuj. ¹	Laches. ¹ After Calc.— Hahne- mann.	Calc. ¹ con. ¹ hep. ¹ merc. ¹ mez. ¹ sulph. ¹	40-60 d.
NUX-M.		Ant-t. ³ lyc. ³ nux. ³ puls. ³ rhus. ³ stram. ³		Nux. ¹ camph. ³ gels. ¹	60 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
NUX-V.	Sulph., ¹ sepia, ² kali-c. ²	Ars., ³ act-sp., ^{1,3} bell., ³ bry., ^{1,3} carb- veg., ¹ cactus, ¹ cocc., ¹ colch., ¹ hyo., ¹ lyc., ³ phosph., ¹ puls., ^{1,3} rhus, ³ sepia, ^{2,3} sulph., ^{1,3}	Zinc. ¹	Cham., ¹ ars ¹ , coffee, ¹ acon., ¹ cocc., ¹ ign., ³ op., ¹ puls., ¹ thuja. ¹	15-21 d.
OLEAND.		Con., ³ lyc., ³ ntr-m., ³ puls., ³ rhus., ³ sepia., ³ spig. ³		Camph. ¹	20-30 d.
OPIUM.		Acon., ³ ant-t., ³ bell., ³ bry., ^{1,3} hyo., ³ nux-m., ³ nux. ³		Bell., ¹ CHAM., ² ipecc., ³ nux, ¹ wine, ¹ verat. ¹	7 d.
PARIS.		Calc., ³ led., ¹ lyc., ¹ nux, ³ puls., ³ phosph., ³ rhus, ^{1,3} sepia, ³ sulph. ³	Fer-ph. ¹	coffea. ¹	2-4 d.
PETROL.		Bry., ³ calc., ³ lyc., ³ nux, ³ nitric-ac., ¹ puls., ³ sepia, ³ sil., ³ sulph. ³		Nux, ¹ acon. ¹	40-50 d.
PALLAD.	Plat. ¹			Chin., ¹ bell., ¹ glon. ¹	
POD.	(Sulph. ²)			Lact-ac., ¹ nux. ¹	30 d.
PHOSPH.	Ars., ¹ cepa, ¹ carb- veg. ²	Ars., ¹ bell., ^{1,3} bry., ³ carb-veg., ¹ china, ¹ calc., ³ kali-c., ¹ lyc., ¹ nux, ^{1,3} puls., ³ rhus, ¹ sepia, ³ sil., ¹ sulph. ^{1,3}	Apis, ² caust. ¹	Coff., ¹ chlorof., ² nux, ¹ sepia, ¹ tereb. ¹	40 d.
PHOS-AC.		Ars., ³ bell., ³ chin., ^{1,3} caust., ³ ferr., ¹ lyc., ³ nux, ³ puls., ³ rhus, ¹ sepia, ³ sulph., ³ verat. ¹		Camph., ¹ coffea. ¹	40 d.
PLAT.		Arg-m., ¹ anac., ¹ bell., ³ ign., ³ lyc., ³ puls., ³ rhus, ³ sepia, ³ verat. ³		Pulsat., ¹ nit-sp-d. ¹	35-40 d.
PLUMB.		Ars., ^{1,3} bell., ³ lyc., ³ merc., ³ phosph., ³ puls., ³ sil., ³ sulph. ³		Alumen, ¹ alum., ¹ ant-cr., ¹ bell., ¹ cocc., ¹ hyos., ¹ nux, ¹ nux-m., ¹ op., ¹ petr., ¹ plat., ¹ stram., ¹ sulph-ac, ¹ zinc. ¹	20-30 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
PSOR.		Carb-veg., ¹ chin., ¹ sulph. ¹	Sepia?	Coffea. ¹	
PULSAT.	Lyc., ¹ silic., ² sulph-ac., ¹ stann., ¹ cepa. ¹	Ars., ³ anac., ¹ ant-t., ¹ asaf., ¹ bell., ³ bry., ³ euphm., ¹ graph., ¹ ign., ³ kali-b., ¹ lyc., ³ nitric-ac., ¹ nux., ³ phosph., ³ rhus., ³ sepia, ^{1,3} sulph. ³		Coff., ¹ ign., ¹ nux., ¹ cham., ¹ stann. ²	40 d.
RAN-B.		Bry., ³ ign., ³ kali-c., ³ nux., ³ rhus., ³ sepia. ³	Sulph., ¹ staph., ¹ nit-sp-d., ¹ wine, vinegar.	Bry., ¹ camph., ¹ puls., ¹ rhus. ¹	30-40 d.
RAN-SC.		Bell., ³ lach., ¹ phosph., ³ puls., ³ rhus., ³ sil. ³		Camph. ³	30-40 d.
RHEUM.	Mgn-c., ¹	Bell., ³ puls., ³ rhus., ³ sulph. ³		Camph., ¹ cham., ¹ coloc., ¹ merc., ¹ nux., ¹ puls. ¹	2-3 d.
RHOD.		Arn., ³ ars., ³ calc., ³ con., ³ lyc., ³ merc., ³ nux., ³ puls., ³ sepia, ³ sil., ³ sulph. ³		Bry., ¹ clemat., ¹ nux-m., ¹ rhus. ¹	35-40 d.
RHUS.	Bry. ¹	Ars., ^{1,3} arn., ¹ bell., ³ bry., ^{1,3} calc., ^{1,2} con., ¹ calc-ph., ¹ cactus, ¹ cham., ¹ dros., ¹ graph., ³ hyo., ² laches., ¹ merc., ³ mur-ac., ¹ nux., ^{1,3} puls., ^{1,3} phosph., ^{1,3} sepia, ³ sulph. ^{1,3}	Apis. ¹	Anac., ¹ bell., ¹ bry., ¹ camph., ¹ coff., ¹ crot-tig., ¹ graphites, ¹ sulph., ¹ sepia. ¹	20-30 d.
RUTA.	Calc-ph. ¹	Calc., ³ caust., ³ lyc., ³ ph-ac., ³ puls., ³ sepia, ³ sulph., ³ sul-ac. ¹		Camph. ³	30 d.
RUMEX.		Calc. ²			
SABAD.	Sepia. ²	Ars., ³ bell., ³ merc., ³ nux., ³ puls. ³		Con., ³ puls. ¹	1 d.
SABINA.	Thuja. ¹	Ars., ^{1,3} bell., ³ puls., ³ rhus., ³ spong., ³ sulph. ³		Camph., ¹ puls. ¹	20-30 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
SAMBUC.		Ars., ³ bell., ³ con., ³ nux., ³ phosph., ³ rhus., ³ sepia. ³		Ars., ¹ camph. ¹	
SANGUIN.		Bell., ³ merc., ³ phosph., ³ sepia, ³ sulph. ³			
SARSAP.	Merc., ¹ sepia, ¹ cepa. ¹	Bell., ³ cepa, ¹ hep. ¹ merc., ³ phosph., ^{1,3} rhus. ¹ sepia, ^{1,3} sulph. ^{1,3}		Bell., ¹ merc., ¹ sepia. ¹	35 d.
SECALE.		Acon., ³ ars., ³ bell., ³ chin., ¹ merc., ³ puls. ³		Camph., ¹ op. ¹	20-30 d.
SELEN.		Calc., ³ merc., ³ nux., ³ sepia. ³	China, ¹ wine. ¹	Ign., ¹ puls. ¹	40 d.
SENEGA.		Calc., ³ lyc., ³ phosph., ³ sulph. ³		Arn., ³ bell., ³ camph., ³ bry. ¹	30 d.
SEPIA.	Nux., ² ntr-m. ¹	Bell., ³ calc., ³ con., ³ carb-veg., ¹ dros., ¹ euphm., ¹ graph., ¹ lyc., ³ nux., ^{1,3} puls., ³ rhus., ³ sars., ¹ sil., ³ sulph. ³	Bry., ² laches. ¹	Ant-cr., ¹ ant-t., ¹ acon., ¹ nit-sp- d., ¹ veget. acids, sulph. ¹	40-50 d.
SILICEA.	Fluor- ac., ¹ puls., ² thuj. ²	Ars., ³ asaf., ³ bell., ³ calc., ³ clem., ¹ fluor-ac., ¹ hep., ^{1,3} lyc., ^{1,3} laches., ¹ nux., ³ phosph., ¹ puls., ³ rhus., ³ sepia, ¹ sulph. ³	Merc. ¹	Fluoric-ac., ¹ hep., ¹ camph. ³	40-60 d.
SPIG.		Ars., ¹ acon., ¹ arn., ¹ bell., ³ calc., ³ cimic., ¹ dig., ¹ iris, ¹ kali-c., ¹ nux., ³ puls., ³ rhus., ³ sepia, ³ sulph., ³ zinc. ¹		Aurum, ¹ cocc., ¹ puls. ¹	
SPONG.		Brom., ¹ bry., ³ con., ³ carb-veg., ¹ hep., ^{1,3} kali-bro., ¹ nux., ³ phosph., ³ puls. ³		Camph. ¹	20-30 d.
SQUIL.		Ars., ³ ign., ³ nux., ³ rhus., ³ sil. ³	All-s. ¹	Camph. ³	14-20 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
STANN.	Puls. ¹	Calc., ³ lyssin., ¹ nux, ³ phosph., ³ puls., ³ rhus, ³ sulph. ³		Pulsat. ¹	35 d.
STAPH.	Caust., ¹ coloc. ¹	calc., ³ caust., ¹ coloc., ² ign., ³ lyc., ³ nux, ³ puls., ³ rhus, ³ sulph. ³	Ran-b. ¹	Camph. ¹	20-30 d.
STRAM.		Acon., ³ bell., ³ bry., ³ cupr., ¹ hyo., ³ nux. ³		Bell., ¹ hyo., ¹ nux, ¹ op., ¹ puls., ¹ tabac. ¹	
SULPH.	Aloe, ¹ ars., ² acon., ¹ nux, ² bad. ¹	Acon., ¹ alum., ¹ bell., ³ bry., ³ bar-c., ¹ calc., ¹⁻³ carb-veg., ¹ euphm., ¹ graph., ¹ guaia., ¹ merc., ¹⁻³ nitric-ac., ¹ nux, ¹ phosph., ¹⁻³ puls., ³ rhus, ¹⁻³ sars., ¹ sepia. ¹⁻³	Lycop., ² after calc.	Acon., ¹ camph., ¹ cham., ¹ china, ¹ merc., ¹ puls., ¹ rhus., ¹ sepia, ¹ silic., ¹ thuja. ¹	40-60 d.
SULPH- AC.	Puls. ¹	Arn., ³ calc., ³ con., ³ lyc., ³ plat., ³ sepia, ³ sulph. ³		Puls. ¹	30-40 d.
STRONT.		Bell., ³ caust., ³ kali-c., ³ puls., ³ rhus, ³ sepia, ³ sulph. ³		Camph. ³	
TEU- CRIUM.	See MARUM.				
THUJA.	Ars., ² ntr-s., ² sabin., ¹ sil. ²	Asaf., ¹ calc., ³ ign., ³ kali-c., ³ lyc., ³ merc., ¹⁻³ nitric-ac., ¹ puls., ³ sabin., ¹ sil., ³ sulph. ³		Camph., ¹ cham., ¹ cocc., ¹ merc., ¹ puls., ¹ sulph., ¹ staph. ¹	60 d.
TARAX.		Asaf., ³ ars., ¹ bell., ³ chin., ³ lyc., ³ rhus, ³ staph., ³ sulph. ³		Camph. ³	14-21 d.
TABAC.		Carb-veg., ¹ lyssin. ¹		Ars., ¹ ip., ¹ ign., ¹ nux., ¹ phosph., ¹ puls., ¹ clem., ¹ sepia, ¹ lyc., ¹ verat. ¹	
VALER.		Puls., ³ phosph. ³		Camph., ¹ coff., ¹ puls. ¹	8-10 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
VERBASC.		Bell., ³ chin., ³ lyc., ³ puls., ³ rhus, ³ sepia, ³ stram. ³		Camph. ¹	
VERAT.		Ars. ¹ arn., ¹ acon., ^{1,3} bell., ³ chin., ¹ cham., ³ carb-veg., ¹ cupr., ¹ dros., ¹ ip., ¹ puls., ³ rhus, ³ sepia, ³ sulph. ³		Ars., ¹ acon., ¹ camph., ¹ chin., ¹ coff. ¹	20-30 d.
VIOL-OD.		Bell., ³ cor-r., ¹ cina, ¹ nux, ³ puls. ³		Camph. ³	2-4 d.
VIOL-TR.		Puls., ³ rhus, ³ sepia, ³ staph. ³		Camph., ³ rhus. ³	8-14 d.
VESPA.			Arg-n. ¹		
ZINC.		Hep., ¹ ign., ³ puls., ³ sepia, ³ sulph. ³	Nux, ¹ cham. ¹	Camph., ³ hep., ¹ ign. ¹	30-40 d.

ANTI-PSORICS.

Agaricus.	Caust.	Kali i.	Psorin.
Alumina.	Clem.	Kali n.	Plat.
Amm. carb.	Con.	Lachesis.	Plumb.
Amm. mur.	Cupr.	Lyc.	Ruta.
Anac.	Dulc.	Mag. c.	Rumex.
Antim. cr.	Euphorb.	Mag. m.	Sars.
Apis.	Ferr.	Manganum.	Sep.
Arg. m.	Fluoric ac.	Mezer.	Silic.
Arsenic.	Graph.	Mur. ac.	Stram.
Aurum.	Gualac.	Natr. c.	Spong.
Bar. c.	Hep.	Natr. m.	Sulph.
Calc. carb.	Hydr.	Nitric ac.	Sulph ac.
Calc. ph.	Iod.	Petrol.	Zinc.
Carb. an.	Kali b.	Phos.	
Carb. veg.	Kali c.	Phos. ac.	

ANTI-SYPHILITICS.

<i>Ars.</i>	Cor. r.	MERC.	<i>Sars.</i>
ARS. I.	Crotal.	MERC. COR.	<i>Sil.</i>
<i>Asaf.</i>	<i>Fluor. ac.</i>	<i>Merc. i. f.</i>	<i>Staph.</i>
AUR.	<i>Hepar.</i>	<i>Merc. i. r.</i>	<i>Stillingia.</i>
Aur. mur.	<i>Kali b.</i>	<i>Mez.</i>	<i>Sulph.</i>
Bad.	KALI I.	NITR. AC.	SYPHIL.
Benz. ac.	Kalmia.	Petrol.	<i>Thuj.</i>
<i>Carb. an.</i>	Lac. c.	<i>Phos. ac.</i>	
<i>Carb. v.</i>	<i>Lach.</i>	<i>Phos.</i>	
<i>Cinnabar.</i>	Lyc.	PHYTO.	

ANTI-SYCOTICS.

Anac.	<i>Calc.</i>	<i>Graph.</i>	NITR. AC.
Ant. c.	Carb. an.	Hepar.	Petrol.
Ant. t.	Carb. v.	<i>Iod.</i>	<i>Phyt.</i>
<i>Apis.</i>	<i>Caust.</i>	Kali c.	<i>Sars.</i>
Aran.	Cham.	<i>Kalmia.</i>	<i>Selen.</i>
Arg. m.	Cinnabar.	<i>Lach.</i>	SEP.
<i>Aster. r.</i>	Con.	<i>Lyc.</i>	Silic.
Aur.	<i>Dulc.</i>	MEDORRH.	<i>Secale.</i>
Aur. mur.	Euphras.	<i>Merc.</i>	STAPH.
<i>Bar. c.</i>	Ferr.	<i>Mez.</i>	Sulph.
Bry.	Fluoric ac.	NATR. S.	THUJ.

Gefaseltener Gen!

Bruch. d. 10^{te} Nov. 1786.

Mein angesehener Bekanntheit an die Zeit, da ich in "Brissan" ein offenes Feld
von Ansehens zu machen, krieg ich Ihnen die Tugend unserer Thug
in Verbindung von Chom de Montaux, malades des femmes & des
maladies de la grossesse. Paris 1784 & 1785 unter dem Titel G. J. M. Thuit
die geistliche Befähigung der Kaufleute der Weiber in & außer der Brangungsstelle, an
es werden zwei wichtige Punkte bemerkt werden, wenn ich die selben in Bezug
aufgezeichnet sein wird. Das Erst ist offen geschrieben sind die vorzüglichsten,
Bucht in Bezug auf den Kauf als der Entscheidung, & ist sehr sehr.
Es wird Vorlage nicht zu Stand kommen wird. Sie erhalten mir mit offener
von Befähigung und die mit allen Befähigung die gebräuchliche Weiss
D. Sam. Giesman

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DEPARTMENT OF MATERIA MEDICA.

CICUTA VIROSA.

Lecture delivered by PROF. J. T. KENT, at the Post-graduate School.

This remedy is of most extreme interest because of its convulsive tendency. It puts the whole nervous system in such a state of increased irritability that pressure on a part causes convulsions. The convulsions extend from centre to circumference; the head, face and eyes are first affected. Some complaints spread from the chest, especially from the heart; the rigors and chills begin in the chest; and there is a sensation of coldness about the heart, and from there it extends to other parts. Convulsions often begin about the head and throat and extend downward. The whole body is in such a state of tension that, after excitement, a fire rages throughout the economy and causes convulsions. Any irritation in the throat or œsophagus will cause violent convulsions in this region. On swallowing a fish bone, instead of only a pricking sensation as would occur in phlegmatic individuals, the irritation is so great that a spasm commences and spreads to other parts. It was the old remedy for tetanus and spasms caused by splinters in the skin or under the nails, competing with *Bell*. At the present day we find the most frequently indicated remedies for injuries to nerves are *Led.* and *Hyper.*

A peculiar feature about the convulsions is that they resemble catalepsy. The cataleptic condition may be present or a condition very similar to it. He recollects nothing that took place or that

he said during a certain period. He knows nobody, and lies without recognizing anyone; but when asked questions he answers correctly, and subsequently he has no recollection of what took place.

It is a wonderful cerebro-spinal irritant; the head is drawn back, opisthotonos; all the limbs are convulsed and rigid. It has cured traumatic tetanus, lockjaw, epilepsy, epileptiform convulsions.

With severe pains, such as the pains in the bowels, come convulsive movements and convulsions. If the stomach is disordered or chilled, or if he has fear or other mental conditions, convulsions come on. He is extremely sensitive to touch, and touch and drafts bring on convulsions. The convulsions spread from above downwards, and thus it is the opposite of *Cupr.* The convulsions of *Cupr.* spread from the extremities to the centre; *i. e.*, the little convulsions, merely cramps, are first felt in the fingers and then in the hands and later in the chest and whole body. In *Cicuta* the little convulsions of the head, eyes and throat spread down the back to the extremities with violent contortions.

Read the mental symptoms. At times he knows no one, but when touched and spoken to he answers correctly. Suddenly consciousness returns and he remembers nothing of what has occurred. He confuses the present with the past. He imagines himself a young child. Everything is confused and strange. He does not know where he is. The faces of old friends look strange; he looks at them and wonders if they are the same persons he used to know. His house and familiar places look strange. Voices sound strange. The senses of sight and smell and all the other special senses are disturbed and confused. He is confused as to himself, his age and circumstances. A woman on coming out of the cataleptic attacks often takes on childish behavior. A man thinks that he is a child and acts like one; silly laughter, playing with toys, and other acts of childish behavior. He feels as if he were in a strange place, and this causes fear. Thinks of the future with anxiety. Mental torpor; loss of ideas and sensation extending over a certain period. Memory a blank for hours or days with or without convulsions. Convulsions generally take the place of the ecstatic or cataleptic condition. *Natr. m.* is some-

what similar to the mental condition of this remedy, as the *Natr. m.* patient goes about doing all her household work and other functions and next day knows nothing about it. *Nux mos.* is another remedy that has such a complete blank when going about doing things, a complete abstraction of mind.

This patient has strange desires; desires to eat coal and many other strange articles, because he is unable to distinguish between things edible and things unfit to be eaten; eats coal and raw potatoes. Wants to be alone; dislike to society. Singing, shouting, dancing; likes toys, jumps about like a child. Lies in bed lamenting and bemoaning and wailing. Great agitation; child grasps at one's clothing in a frightened manner. This is likely to occur before the convulsion; great horror in the countenance, yet he has no recollection of the horror when he comes out of the convulsion. That state of anxiety and fear comes after the attack has begun, though the convulsions have not yet come on. Between the convulsions the patient is mild, gentle, placid and yielding, which distinguishes it from *Strych.* and *Nux v.* convulsions. The *Nux* convulsions are all over the body and are worse from touch and draft, blueness and purple color of the body, but between the convulsions the patient is very irritable. Of course, when they go out of one convulsion into another you cannot see this, but when out of the convulsion the *Nux* patient is very irritable. The *Cicuta* patient, out of the convulsion, is full of sadness, anxiety, and darkness, borrows trouble from the future, is affected by sad stories, is pessimistic. He is afraid of society, afraid of company, and wants to be alone. He is suspicious and shuns people; despises others; over-estimation of himself. In this it approximates *Plat.*, but there is no further resemblance between the two remedies. Full of fear; fright will bring on convulsions like *Op.*, *Ign.*, and *Acon.*

Full of vertigo. The whole sensorium is violently excited. Things turn round in a circle. Vertigo on walking, glassy eyes, etc. Complaints brought on from injuries to the skull, from blows on the head. Many times there is no trouble at all in the region of the injury; there may be compression and yet all the pains be in distant parts; drawing of the muscles and cramps. Concussion of the brain and chronic injuries therefrom, especially

spasms. Semi-lateral headaches forcing the patient to sit still erect. Headache as if the brain were loose on walking. When thinking of the exact nature of the pain it ceased. It has cured cerebro-spinal meningitis when there were convulsions and the convulsions were aggravated from touch, with fever and even spotted mottled skin. Mind and head symptoms after injuries. On going into a cerebro-spinal meningitis the patient sits in a chair talking as if nothing were wrong, when, quick as a flash, he passes into another state in which he knows no one; he falls over limp, he is put to bed, and though he answers questions he remains in a semi-conscious state, knowing no one. This may change into a spasm. The head is bent back in spasms; jerking back of the head; spasms begin in the head and go downward. Violent shocks in the head, arms and legs. Head hot and extremities cold, like *Bell.* in its convulsions. Sweat on the scalp when sleeping. Child rolls head from side to side. Hot head.

Eyes All sorts of convulsive actions about the eyes; pupils dilated and insensible; patient lies fixed in one place, with staring, fixed, glassy, upturned eyes, like *Cupr.* Strabismus may be the only spasm the child is subject to from cerebral irritation. Every time the child is frightened it has strabismus; when touched or when it has cold, or after a fall hitting the head, or coming periodically, it has strabismus.

The nose is sensitive to touch. Touch and jarring bring on complaints, and hence it was so useful in, and was the first remedy for, the result of injuries and irritability and over-sensibility.

It has troubles from shaving; it is useful in such eruptions as come in the whiskers; barber's itch; a solid crop of eruptions all over the face wherever the whiskers grow. Eruptions on the cheek like eczema. Swelling of the submaxillary glands. Erysipelatous eruptions. It is closely related to *Conium* about the lips and lids, in that a small amount of pressure causes induration. It has cured epithelioma of the lips.

The throat troubles are mostly spasmodic. After swallowing a little piece of fish bone or stick a spasm comes on. After *Cicuta* the spasm will cease and it can be taken out. It is useful in cases of injury, accompanied with violent choking, so that he cannot allow an examination to be made.

Cold sensation in the chest. Spasms of the chest. Feels as if the heart stopped beating. Spasmodic symptoms of the back. Opisthotonos. All conditions of the limbs are of a spasmodic character. Convulsions of all kinds everywhere if the symptoms agree.

THE MERCURY GROUP.

Lectures delivered by PROF. J. T. KENT, at the Post-graduate school.

MERCURIUS.

LECTURE I.

The pathogenesis of Mercury is found in the provings of Merc. viv. and Merc. sol., two slightly different preparations, but not different enough to make any distinction in practice.

Mercury is used in testing the temperature, and a Merc. constitution is just as changeable and *sensitive to heat and cold*. The patient is worse from the extremes of temperature, worse from both heat and cold. Both the symptoms and the patient are worse in a warm atmosphere, worse in the open air, and worse in the cold. The complaints of Mercury when sufficiently acute to send him to bed are *worse from the warmth of the bed*, so that he is forced to uncover; but after he uncovers and cools off he gets worse again, so that he has difficulty in keeping comfortable. This applies to the pains, the fever, ulcers and eruptions and the patient himself.

He is an *offensive* patient. We speak of mercurial odors. The breath especially is very fetid, and it can be detected on entering the room; it permeates the whole room. The perspiration is offensive; it has a strong, sweetish, penetrating odor. Offensiveness runs all through; offensive urine, stool and sweat; the odors from the nose and mouth are offensive. When Merc. is used in large doses and the patient is salivated he gives off these odors. One who has once smelt a salivated patient will remember the mercurial odor. I remember when I was a student, almost every

room had the mercurial odor. Mercury was given till the gums were touched and salivation was produced. Get to know that odor, as it is often an index to the use of Merc.

He is *worse at night*. The bone pains, joint affections and inflammatory conditions are all worse at night and somewhat relieved during the day. *Bone pains* are universal, but especially where the flesh is thin over the bones. Periosteal pains, boring pains, worse at night and from the warmth of the bed.

The *glands are inflamed and swollen* everywhere; the parotids, sub-linguals, lymphatic glands of the neck, groin and axilla are all affected; the mammæ swell and there is inflammation and swelling of the liver. It is pre-eminently a glandular remedy. *Induration* is also a general; *inflamed parts indurate*. If the skin is inflamed it is hard. Inflamed glands are hard. There is induration with ulceration.

A *tendency to ulcerate* runs through the remedy. Ulcers are found everywhere, in the throat, nose, mouth, and on the lower limbs. Ulcers *sting and burn* and have a *lardaceous base*, an ashy-white appearance looking as if spread over with a coating of lard. It looks like a diphtheritic exudate, and Merc. has diphtheritic exudations on inflamed surfaces. Ulcers in the throat have this appearance. The mucous membrane sometimes inflames without ulceration, but with exudation, and hence it is useful in *diphtheria*. It has the same condition in ulcers; when the system is run down they exude a grey lardy or ashy deposit. *Chancres* take on that form, a whitish cheesy deposit on the base. When you realize that the complaints of Merc. are worse at night, and think of the bone pains, perisoteal inflammations, etc., it is not suprising that Merc. sometimes cures *syphilis*. It is wonderful that the allopath hit upon it for this disease, and he cures or suppresses enough cases by similarity to justify its continued use. When given suitably it cures.

Another marked feature is the *tendency to the formation of pus*. With inflammation there is burning and stinging and the rapid formation of pus and the part is aggravated by both warmth and cold. Abscesses burn and sting; inflammation of joints is attended with pus formation; in inflammation of the pleura the cavity fills up with pus. The discharges of pus are yellow-green. The Merc.

gonorrhœal discharge is thick greenish-yellow, with stinging and burning in the urethra.

Rheumatic inflammation of joints and *catarrhal inflammation* of mucous membrane are features running through the remedy, and these are attended with *sweat*, and an astonishing feature is that the *sweat does not relieve*, and there is even an *aggravation while sweating*. Rheumatism in old syphilitic, gonorrhœal and gouty patients. It is similar enough to relate to some cases of psora, syphilis and sycosis. It partakes of the nature of all three miasms.

After a prover has taken Merc. a long time he emaciates. This is seen in old mercury takers and in syphilitics who have been mercurialized. It is a great remedy in this condition—steady emaciation with trembling, worse at night and from the warmth of the bed, great restlessness, can't find peace in any position. These miserable wretches, who are breaking down, are great sufferers, whether psoric, syphilitic or sycotic.

A strange feature is repeated swelling and abscess formation without any heat. An abscess or swelling in a joint forms, and he sweats from head to foot, is worse at night, loses flesh, trembles and is weak, but there is no heat while the abscess goes on. Abscesses form when the life force is so low that there is no tendency to repair; a slow and prolonged pus formation, no irritability in the abscess, no tendency to granulate, it opens and keeps on discharging and seems dead. A dose of Merc. will warm it up, stop the sweat and favor granulation.

The superficial *ulceration is inclined to spread* and become phagedenic; it is not deep but grows larger. These open ulcers are especially seen in old syphilitics; lardaceous base; not much irritability, they are even numb, and if pus is discharged it is greenish yellow; false granulations appear, "proud flesh" the laity call it. *Merc. cor.* is a greater remedy for the superficial, eating, phagedenic ulcer. At times Merc. takes on a *gangrenous* condition. This may be seen anywhere, but especially on the lips, cheeks and gums. Cancrum oris. Gangrenous chancre, fetid and black; a sphacelus forms in the chancre and the part sloughs off. All these conditions are aggravated by heat. A patient with a typical Merc. abscess rebels at times against the poultice, for it makes the trouble worse.

Trembling runs through the remedy, quivering all over. It has been used with benefit in paralysis agitans Tremor of the hands so that he cannot lift anything or eat or write. Merc. is a great medicine in children with epileptiform fits, twitching and disorderly motions. It will help children to grow out of these incoördinate angular movements of the hands and feet. Jerking, twitching and trembling. The motions of the tongue are disorderly and the child cannot talk. Convulsions. Involuntary motions which can be momentarily controlled by volition. The restlessness is extreme.

The trembling, weakness, sweat, fetor, suppuration, and ulceration, the aggravation at night and from heat and cold. give the earlier impressions of the remedy.

The *mental* symptoms, which still more deeply show the nature of the medicine, are rich. A marked feature running all through is *hastiness*; a hurried, restless, anxious, impulsive disposition. Coming in spells, in cold cloudy weather, or damp weather, the mind will not work, it is slow and sluggish and he is forgetful. This is noticed in persons who are tending toward imbecility. He cannot answer questions right off, looks and thinks, and finally grasps it. Imbecility and softening of the brain are strong features. He becomes foolish. Delirium in acute complaints. From his feelings he thinks he must be losing his reason. Desire to kill persons contradicting her. Impulse to kill or commit suicide; sudden anger with impulse to do violence. She has the impulse to commit suicide or do violent things, and she is fearful that she will lose her reason and carry the impulses out. Impulsive insanity then is a feature, but imbecility is more common than insanity. These impulses are leading features. Patients will not tell you about their impulses, but they relate to deep evils of his will, they fairly drive him to do something. Given a Merc. patient, and he has impulses that he tries to control, no matter what, Merc. will do something for him. During menses, great anxiety, great sadness. Anxious and restless as if some evil impended, worse at night, with sweat. Don't forget what applies to all these symptoms, that they come at night.

All these symptoms are common in old syphilitics, broken down after mercurial treatment and sulphur baths at the springs,

with their bone pains, glandular troubles, sweating, catarrhs and ulcerations everywhere.

LECTURE II.

Merc. is suitable to rheumatic troubles of the *scalp*, and neuralgias and brain trouble when there are burning, stinging pains and *pains affected by the weather*, and when there are head troubles that have come on from suppressed discharges, such as suppressed otorrhœa after scarlet fever, or when there are head troubles in scarlet fever. Think of Merc. if you are called to a child with *sweating of the head*, dilated pupils, rolling of the head, and aggravation at night, who has had scarlet fever or a suppressed ear discharge. Merc. cures long lingering febrile conditions analogous to the typhoid state, but caused by suppressed ear discharge. I have cured cases that were due to packing the ear with borax, iodoform and other trash, the patient having first a remittent and later a continued fever. This would go on for five or six weeks and be relieved only when the discharge returned after a dose of Merc. high. I remember a case of this type. It was called cerebro-spinal meningitis; the head was drawn back and twisted and held to one side. It began as an otitis media with discharge which was suppressed. Two or three doctors were called and could do nothing. In the night I went to the bedside and got the history and symptoms of Merc. Merc. re-established the discharge in twenty-four hours, the torticollis passed away, the fever subsided and the child made an excellent recovery. I can recall twenty such cases.

There is a tension about the scalp as if it were bandaged. Nervous girls have headache over the nose and around the eyes as if tied with a tape, or as if a tight hat were pressing on the part. Pressing, tearing pains in the eyes. Burning pains in the temples ameliorated by sitting up and moving about, worse at night. Periosteal pains worse in *cold, damp weather*, in rheumatic and gouty constitutions, with sensitiveness in the eyes and ears, sore throat and glandular swellings. Headaches in old mercurialized syphilitics; they become barometers; sensitive to the weather. The catarrhal headaches are very troublesome; headache in those suffering from chronic catarrh with thick discharge. The thick

discharge becomes watery and the pain in the forehead, face and ears very distressing. These headaches are violent. Chronic rheumatic headache from the suppression of a discharge from any part, or from foot sweat suppressed; alternation of foot sweat and headache. When the foot sweat is gone he has pain and stiffness in the joints. *Silicea* has that also. *Sil.* and *Merc.* do not follow each other well, when well selected; but if crude Mercury has been taken for a long time, *Silicea*, like *Nitric acid*, is a good remedy to eliminate it.

With all headaches there is much heat in the head. Bursting headaches, fullness of the brain, and constriction like a band. Vise-like pressure. He is sensitive to the air when he has headache. This is true of *Merc.* all through. He wants to be out of a draught, he is relieved in the room, but worse in a warm or cold room, and violently worse from a draught. He wants to be covered but is worse from heat. The hoop like sensation is worse at night.

Merc. is a wonderful remedy to ward off *acute hydrocephalus* of the inflammatory type, after measles and scarlatina; the child rolls the head and moans, and the head sweats. It is closely related to *Apis*, which is also a great remedy after scarlet fever to ward off or cure inflammatory hydrocephalus.

Exostoses in old syphilitics. Lacerating, tearing pains in the pericranium. The whole external head is painful to touch. The scalp is tense and sore. Fetid, oily sweat on the head. Children have moist eczema, an excoriating, offensive eruption.

Merc. is a wonderful *eye* remedy, especially for "colds." Every cold settles in the eye in gouty and rheumatic patients. Catarrh of the eyes worse from looking into the fire or rather from sitting close to the fire; the radiated heat causes smarting and burning. Eyelids forcibly drawn together as if long deprived of sleep. Fog or mist before eyes. *Merc.* cures iritis in old syphilitics. The rule now-a-days is to use a mydriatic in iritis to prevent adhesions. I have treated many cases and I have no desire to dilate the pupil. I don't believe it is necessary. The homœopathic remedy will stop the iritis speedily so that no adhesions will form, and if they have begun the remedy will remove them. Pains tearing and burning around the eyes, in temples,

etc. Tension of the scalp as if it were a tight fitting cap, or tension as from a tape. Ulceration and inflammation of the cornea. Vascular appearance of the cornea; inflammation, especially confined to the cornea. sometimes pustular, sometimes diffused. There is copious lachrymation with all eye symptoms, and the tears excoriate, causing a red line down the cheeks. Greenish yellow, a green discharge. Lids spasmodically closed. Great photophobia. In inflammatory conditions the whole tissues of the eye appear to be involved, lids, conjunctiva and deeper structures. Colds settle in the eye like *Dulc*.

Sometimes you will see a little fine growth on the iris, growing across the pupil and attached by a pedicle. It is really a syphilitic condyloma. Merc. cures it in a few days. Inflammation of the retina and choroid and of the optic nerve. All sorts of disturbed vision. It is wonderfully useful in purulent ophthalmia, with swollen lids. Two kinds of constitution need it, the syphilitic and the rheumatic or gouty. He can't open the eyes; they are spasmodically closed, and there is great tumefaction.

Ear troubles. Horribly stinking greenish discharge. Green, thick, acrid pus from the ears like the discharge from the nose and other parts. Stinking otorrhœa. In otitis media with ruptured drum, Merc. is a frequently required remedy. In spring after a long, cold winter, the cold, damp weather of spring causes many cases of otorrhœa; it is almost endemic in large cities. The ear drum heals up as good as any other place if the patient is put in good condition by the remedy. If not well treated a hole will be left. Ears inflamed with cramp-like pains. Merc. has *stinging pains* as much as *Apis*. All routinists will give *Apis* for stinging pains in the ovaries, and yet it may be and oftener is Merc. that the patient needs. Purulent, offensive otorrhœa. Enlargement of the parotid and cervical glands with all inflammations of the ears. Parotids sore and enlarged, neck stiff, and head sometimes drawn back. Furuncles in external canal. Fungus excrescences and polypi.

The *nose* troubles would take a half day to describe. Old syphilitics, with nasal bones affected, thick, greenish yellow, acrid, stinking discharge. Nosebleed and bloody discharge from the nose. Coryza acrid, watery, with pressure through the bones

of the face, worse from heat or cold, worse at night; sensitive to every draught; must get up and walk the floor. The inhalation of hot air feels good to the nose, but the heat aggravates the body. Incessant sneezing. Bleeding, scurfy, red nostrils. Old catarrhal smell in the nose. Rawness, burning and swelling. Inside of the nostrils smarting and burning. Aching, tearing and pressure in the bones. Bones of the face painful, feel as if pressed outward, and he wants to press but it is painful.

Merc. is not deep enough to cure the whole constitution in psoric cases that are constantly taking cold. It cures the cold at once, but implants its own nature and the patient catches cold oftener. It should not be given often, not oftener than twice in a winter. *Kali iod.* is better for the same bursting in the face, running coryza, and aggravation from heat and warmth of the bed, and it will cure the coryza in a night when apparently Merc. is indicated. It is also an antidote to Merc. Don't give many doses of Merc. in psoric cases; look for a deeper medicine.

It has syphilitic eruptions and neuralgias of the *face* with or without catarrh. *Mumps*. It is a great medicine for mumps; it is a routine remedy for this condition, which shows that it must be frequently indicated.

Scorbutic gums in those who have been salivated. Rigg's disease; purulent discharge from around the teeth. Toothache; every tooth in the head aches, especially in old gouty and mercurialized patients. Looseness of the teeth. Red, soft gums. Teeth black and dirty. Black teeth and early decay of the teeth in syphilitic children, like *Staph.* Copious salivation. Gums painful to touch. Pulsation in the gums and roots. Gums have a blue red margin, or purple color, and are spongy and bleed easily. Gums settle away, and the teeth feel long, and are long from the thickening of the periosteum. Teeth sore and painful so that he cannot masticate. Abscesses of the gums and roots of the teeth.

LECTURE III.

The *taste*, *tongue* and *mouth* furnish important and distinctive symptoms. As the tongue is projected it is seen to be *flabby*, has a mealy surface, and is often pale. The *imprint of the teeth*

is observed all round the edge of the tongue. The tongue is *swollen* as if spongy, and presses in around the teeth and thus gets the imprint of the teeth. Inflammation, ulceration and swelling of the tongue are strong features. Old gouty constitutions have swollen tongue; the tongue will swell in the night and he will waken up with a mouthful of tongue. The taste is perverted, nothing tastes right. The tongue is coated yellow or white as chalk in a layer. *Offensive mouth; putrid odors* from the mouth, especially the mercurial odor of the salivated patient. The tongue becomes clumsy; difficulty in talking; his speech is hardly intelligible. Awkwardness of the tongue as in persons intoxicated. Ulcers flat; eating ulcers; holes are often eaten through the cheek. Eating away of the soft palate and the bone of the hard palate is often eaten away. Purulent formation in the antrum of Highmore and fistulæ from the mouth to the antrum. *Fluoric acid* and *Silicea* are more frequently indicated in these fistulæ, especially if the bone is involved. *Copious flow of fetid saliva*. Sore mouth of children and nursing mothers; little aphthous patches with the mercurial odor and flabby, spongy appearance of the mucous membrane and tongue. General diffused inflammation of the mouth. The whole mucous membrane is sensitive and painful, burning, stinging and smarting; dryness with or without aphthous patches. Thrush of children. Scorbutic gums.

Sore throat. It is a wonderful remedy for inflammation of the throat, with spongy appearance, general diffused tumefaction, swelling of the parotids, and fulness and stiffness of the neck. Lardaceous base in ulcers; flat ulcers, spreading ulcers. Great dryness in the throat. The swelling impairs the motion of all the muscles that take part in swallowing. Swallowing is attended with difficulty, pain and paralytic weakness, and the effort to swallow forces the bolus up into the nose, and liquids come out through the nostrils. The mercurial order is a strong feature, but Merc. often cures when that odor is not perceptible; it has such an affinity for the throat, just as syphilis has. It has chronic throat troubles and syphilitic ulcers and patches. The inflammation extends upwards and downwards, red and pale patches, the red looking as if they would suppurate or ulcerate.

The red spots become quite purple often, but the more purple they are the more they are like *Lach*. Tonsils dark red with stinging pains. Quinsy, after pus has formed, to hasten maturing. It is useful in diphtheria, and most cases are diffused, extensive patches or patches here and there, with spongy appearance, but no ulceration. Tumefaction; and the exudations are upon a tumefied base. Stiff neck. Erysipelatous inflammation of the throat. Dark, sloughing, eating, corroding ulcers in the throat.

He has aversion to meat, wine, brandy, coffee, greasy food, butter. Milk disagrees, and comes up sour. Sweets disagree. He is turned against his beer. The *stomach* is chronically disordered; eructations, regurgitations, heartburn, etc. Sour stomach; it is like a swill barrel; it is foul. He has nausea with vomiting and regurgitation of food. In such a stomach food is like a load. Bad taste; bitter mouth; he tastes the food; it comes up sour. With all this the saliva constantly runs from the mouth. It does not improve as digestion goes on. The half-digested substances are vomited. It is like the state in persons who have destroyed their stomach from crossing liquors, beer, wine and whisky.

The *liver* furnishes much trouble. Our forefathers for years took blue mass every spring to regulate the liver. They physicked themselves with it and tapped their liver every spring with it, and as a result they had worse livers than they would have had if the doctors had stayed at home. Constipation, bilious habits and disordered stomach. The fullness in the region of the stomach, coming in spells, worse in cold, damp weather and warm, damp weather, worse in the spring, jaundiced condition, disordered stomach, the aggravation at night and from the warmth of the bed, nightly feverishness and foul mouth, will give you the Merc. state. Stitches in the liver. Liver symptoms worse lying on the right side. Many complaints of Mere. are *aggravated by lying on the right side*. The lung symptoms and cough, liver, stomach and bowel symptoms are all worse while lying on the right side.

In the *abdomen* we find colic, rumbling, distension, aches and pains, stinging and burning. It has a great variety of stools, all

sorts of diarrhœa and constipation. It has a well-defined dysenteric condition. Slimy, bloody stools with much straining, he feels as if he could never finish, even when no more is passing, a "never-get-done" feeling. This is the very opposite of *Nux* and *Rhus* in dysentery. These are relieved if a little stool is passed, but *Merc.* and *Sulph.* will sit and strain, and all the salts of *Merc.* have the same state. *Merc. cor.* has a more violent attack, with violent urging to stool and to urinate, and intense suffering, with burning in the parts and the passage of pure blood. *Merc.*, *Ipec.* and *Acon.* are frequently indicated in epidemic dysentery that comes in hot weather, and *Ipec.*, *Dulc.* and *Merc.* are frequently indicated in the dysentery of cold weather, but many remedies cover this condition. You should go to the bedside of a case of dysentery with the repertory or go home and send medicine. Your first prescription should cure in epidemic dysentery, and if you work cautiously you will cure every case. It is a very simple condition to cure, but a very bad thing to get mixed up. Don't give *Arsenic* just because it conforms to the dysenteric condition, for if it does not cure it will mix up the case for weeks. Hesitate about giving *Ars.* in dysentery until you are perfectly sure it is indicated. A few days ago I saw a patient who could not lie down because of pain in both hypochondria; he had incessant vomiting, inflammatory rheumatism of the ankles, hands, arms and shoulders, he had purpuric spots on the arms and legs, he had inflammation of the stomach, and was a perfect museum of diseases. He had had *Phos.* and *Ars.* and many remedies very high, all supposed to be well selected, but *Cadmium sulph.* put him to sleep in fifteen minutes. The point was that he wanted to keep perfectly still, and hence it was unlike *Ars.*, although all the other symptoms were like *Ars.* That is a strong feature of *Cadmium sulph.*; he wants to keep as still as *Colch.* and *Bry.* For twenty years I have used it for such cases. I saw another case of cancer with coffee-ground vomit, and *Cadmium sulph.* stopped her vomiting, and she ate quite well until she died six weeks later. The doctor in charge had given her *Ars.* and *Phos.* and Morphine till she could take no more.

The urine burns and smarts. Frequent urging to urinate, dribbling a little; bloody urine, great burning. Hemorrhage from

the urethra. Itching worse from the presence of urine. *Gonorrhœa* which has existed for some time; discharge thick, greenish-yellow, and offensive. Smarting and burning in the urethra when urinating. Loss of sexual power. Lascivious excitement with painful erections. Ulcers on the prepuce and glans, making it suitable in *chancre* and chancroid. Flat ulcers; ulcers with lardaceous base. Inflammation of the inner surface of the prepuce. Balanitis, offensive pus. In chronic balanitis when pus forms behind the glans and under the foreskin, gonorrhœal or psoric, consult *Jacaranda caroba*.

The woman has much tribulation. *Burning, stinging* in ovaries. Screeching and screaming from the pain. Stinging, tearing, cutting pains in the ovaries; patient covered with sweat. Copious, excoriating leucorrhœa, parts raw, sore, inflamed and itching. Stinging, itching and boring pains in the uterus. Pains in the uterus and ovaries at the menstrual period. Milk in the breast of the non-pregnant woman at the menstrual period. Milk in the breasts instead of the menstrual flow. I once had a freak in a sixteen-year-old boy, who had milk in his breasts. I cured him with Merc.

Menstrual flow light red, pale, acrid, clotted, and profuse or scanty. The menses are sometimes suppressed. Women who have been in the habit of taking mercury for biliousness remain sterile. (Coffee drinkers often remain sterile also and you must stop their coffee.) Amenorrhœa with ebullitions. Chancres on the female genitals. Aged women have denuded genitals. rawness, soreness and false granulations, which are always bleeding. Burning, throbbing and itching in the vagina. Itching of the genitals from the contact of the urine; it must be washed off. In children, boys or girls, the urine burns after urinating and they are always carrying the hands to the genitals. Little girls have acrid leucorrhœa causing burning and itching and much trouble. Phlegmonous inflammation of the genitals. Boils and abscesses at the menstrual period; little elongated abscesses along the margin of the mucous membrane and skin, painful, aggravated by walking, forming during the flow and breaking after the period. This, with itching, causes great suffering.

Morning sickness. A woman, while pregnant, has œdematous

swelling of the genitals. Diffused inflammation, soreness and fulness of the genitals and pelvis causing difficulty in walking, and she must take to bed. In pelvic cellulitis in the early months of pregnancy Merc. is an important remedy. Repeated miscarriages from sheer weakness. Merc. is a wonderful strengthener when properly used. Prolonged lochia. Milk scanty and spoiled.

Merc. is one of the best palliatives in cancer of the uterus and mammæ. It will restrain and sometimes cure epithelioma. I knew one case cured by the *Proto-iodide*, an ulcerated, indurated lump in the breast, as large as a goose egg, with knots in the axilla, blueness of the part, and no hope. The rooth attenuation, given as often as the pains were very severe, took it away and she remained well.

LECTURE IV.

The effect observed on the nose is not all of the Merc. coryza. Most Merc. cases begin in the nose and travel down the throat, creating rawness and scraping of the larynx, and rawness and soreness in the chest; laryngitis, tracheitis and bronchitis. Loss of voice, complete aphonia. The course of the Merc. cold is downwards, even going on to pneumonia, with sweat, restlessness and aggravation from the warmth of the bed. Of course many of the colds remain in the nose.

There are various conditions in the *chest*. Coughs; colds that remain in the chest, lack of reaction and tardy recovery. The colds finally settle in the brouchial tubes; the chest feels as if it would burst, and the cough is worse lying on the right side. I look back over many cases of patients who took cold from exposure and now look sickly and sallow, have a dreadful cough and rattling on the chest; every change of the weather gives them a new cold, and they cannot lie on the right side; their tendency is to go into mucous phthisis or quick consumption. The cough is worse in the night air. There are many pains of all sorts in the chest. He has a rheumatic constitution, is always sweating, worse while sweating and from the extremes of heat and cold. Stitching, stabbing, rheumatic pains in the chest with night sweats. Bloody, thick green expectoration. Suppuration of the lung, great quantities of pus form. Tremendous orgasms,

bubbings and flushes of heat in the chest. With many complaints there is sore throat and rheumatism and stiffness of the neck; stiff neck with swollen glands and goitre. Stiff neck with every cold; stiffness of the side and back of the neck. Induration and soreness of the cervical glands along with other complaints.

Merc. especially affects the *joints; inflammatory rheumatism* with much swelling, aggravated from the heat of the bed and from uncovering. It is difficult to get just the right weight of clothing. Rheumatic affections with sweat, aggravation at night, from the warmth of the bed and while sweating, with sickly countenance. It especially attacks the upper limbs, but is also found in the lower.

Tremulous condition of the extremities, like paralysis agitans. Trembling of the hands with great weakness. Paralysis of the lower limbs, and twitching, jerking and quivering of the paralyzed parts. *Arg. n., Phos., Stram., Secale* and Merc. have twitching of the muscles of the paralyzed limb.

Soreness between the thighs and genitals. Ulcers on the legs; abscesses. Œdematous swelling of the feet. Cold perspiration. Copious sweat during sleep. Pain and sweat come on when comfortable in bed; bone pains. He covers up because he feels cold, but when he becomes warm the pains are aggravated.

Merc. is full of *fever* of all grades. Very seldom, however, has it a true, idiopathic, continued fever. It stands very low for continued fever alone, but it is especially indicated in surgical fevers, at first remittent but later continued, such as come on from the suppression of discharges. The Merc. patient about to go into a chill is chilly even when the chill has not yet come on; sensitive to the moving air in a warm room; violently sensitive to a draught. Cold hands and feet. The sweat is profuse and offensive. The complaints in general are worse while he sweats, and the more he sweats the worse he is. He sweats copiously and his greatest sufferings are in the sweat. Merc. does not have a clear intermittent. Between the paroxysms he has liver disturbances, diarrhoea, fever. In surgical fevers, bilious fever, worm fever in children and remittent fevers there is much aching in the bones, great sensitiveness to the air, aggravation at night in bed when the fever runs highest, mercurial breath and sallow skin.

The fever does not go so high and the skin is not so hot as in *Bell*. The loaded tongue and the bilious fevers fade out after Merc. It is wonderfully useful in hectic fever in the last stages of consumption, and in exhausting diseases with hectics, and in cancers when there is the aching, foul sweat, etc. It acts wonderfully in catarrhal fever, grippe, etc., and when colds extend to the chest and there are copious discharges everywhere. It is suitable in quasi-typhoids that have come out of remittents, symptomatic typhoids, when the patient is icteric, low, prostrated, tremulous, with quivering muscles, great exhaustion and continued fever.

There are many *skin* symptoms; scurfy eruptions, vesicular eruptions, eruptions discharging pus. Vesicles burn and smart, with excoriating discharges, especially on the head. Much itching of the skin, violent, in all parts of the body, as from fleas, especially when warm in bed at night. Copper-colored eruptions as in syphilis, and mucous patches. The scurfy eruptions are especially marked. Ulcers on parts where the skin and flesh are thin over the bones. Offensive forms of eczema. Most eruptions are moist with copious oozing. It cures shingles. The skin is sallow. Excoriation wherever two parts come together. Rawness between the thighs and between the scrotum and thighs. Eruptions in such places. It has fissures at commissures, at the corners of the mouth and eyes; rawness and bleeding of the perinæum rendering walking difficult.

This furnishes a basis for the Salts of Mercury.

THE SALTS OF MERCURY.

After studying Merc., corrosive mercury, the proto-iodide and the bin-iodide, we may from some specific symptoms in the case say that we prefer one of the salts of Mercury. When we go to rheumatic and gouty cases with the aggravation from sweat, aggravation from the warmth of the bed, the mercurial odor, etc., we can commonly say that one of the mercuries will cure this case.

MERCURIUS CORROSIVUS.

Now Merc. cor. has far more excoriation and burning, *far more activity and excitement*. Merc. is slower and more sluggish.

Merc. cor. is violent and active in its movements, it takes hold and runs its course. So with a mercury base we have often to prefer this salt.

In the *eye* symptoms there is more excoriation. The pains, burning, smarting, etc., in the eruptions and ulcers are more violent. In *Merc.* we have slow spreading ulcers, but in Merc. cor. there is *great eating*; it will spread over an area as big as your hand in a night. He has the mercurial odor and sweat, and he is sallow; he needs mercury, but a more active preparation than *Merc. viv.*

Merc. cor. has decided symptoms of its own, but they are limited. You cannot tell the pytalism, or the lardaceous ulcers apart. In *sore throat*, if it is a Merc. case, but the ulcers are spreading rapidly and burning and smarting like coals of fire, you would say that *Merc.* is not so intense as this. You need Merc. cor. for the *violence*, the *intense burning*, and the *rapid spread*. The throat is enormously swollen, the glands are swollen, and the thirst is insatiable.

In *dysentery* there is more violence; copious bleeding; great anxiety, can scarcely leave the stool a second, great tenesmus of rectum and bladder; urging to urination and stool is constant; great burning in the rectum. It is a violent case of dysentery. I would prefer *Merc.* in ordinary Merc. cases, but if this patient is not relieved he will not live, and Merc. cor. is needed here.

In the *urinary organs* the symptoms are violent. *Albuminuria* is more marked in Merc. cor. than in *Merc.* It is one of the most frequently indicated remedies in the albuminuria of pregnancy.

From slight irritation of the foreskin of the male organ, the mucous membrane and skin contract and phimosis takes place. Merc. cor. relieves the itching and burning, and causes the purse-string to let up. It is seldom indicated in gonorrhœa, but is called for when there is greenish yellow or bloody watery discharge, with violent burning and urging to urination and to stool, and violent painful erections. Chancres spread with great rapidity.

Stitching, rending, tearing pains, here and there, especially in the chest.

MERCURIUS CYANATUS.

Given a Merc. base and diphtheria, when the membrane is greenish and inclined to spread through the nose and involve a large surface, the Cyanide of Mercury is needed. It has exudation more marked than any other form of Mercury. Malignant forms of diphtheria, rapidly forming, and with phagedenic ulceration.

MERCURIUS IODATUS FLAVUS.

(*Proto-iodide of Mercury.*)

There are sore throats that especially call for the proto-iodide. When in sore throats the inflammation and pain predominantly affect the *right* side, and there is a tendency to remain on the right side, or if the Merc. state is present and the sore throat goes from *right* to *left*, it is the *proto-iodide* you want.

MERCURIUS IODATUS RUBER.

(*Bin-iodide of Mercury.*)

Again, if in a Merc. patient with diphtheria, tonsillitis, etc., the inflammation and pain begin on the *left* side, and incline to remain there or spread to the right, the *bin-iodide* is indicated.

These two iodides have more rapid and greater induration beneath ulcers and chancres than *Merc.*, and in old syphilitics the iodides are sometimes more useful.

MERCURIUS SULPHURICUS.

(*Sulphate of Mercury. Turpeth mineral.*)

Merc. sulph. will sometimes help you out of trouble, when you have a case of hydrothorax with quick, short breathing, etc., and burning of the chest. If you go to an old case of hypostatic congestion, with dropsy, or a case of dyspnœa from hydrothorax, when the Merc. base is present, you will be astonished at the action of this sulphate.

CINNABARIS.

(*Red-Sulphide of Mercury.*)

In this sulphide, *Sulphur* has given a little shape to the Cinabar, but there are more symptoms of *Merc.* It makes patients itch in the warmth of the bed. Running all through we have as

a characteristic, what is strong in both *Sulph.* and *Merc.*, ulceration and sloughing of the tissues. Ulcers of various kinds, sloughing, suppuration, fungous granulations; ulcers in the throat, over the shins; varicose ulcers, burning and stinging, worse from the warmth of the bed and at night. Violent aching of the bones with exostoses and thickening of the periosteum. He sweats from the least exertion and is worse during sweat, even to anxiety. The bone pains are worse at night. It is useful in syphilis.

It borrows from both sides, in that the patient wants to sit in the corner and dump, wants to be let alone. Old syphilitics, who have suffered for years with bone pains and ulcers, want to be alone. Moments of peculiar and false exhilaration come in persons who are debilitated, relaxed, worn out and fatigued with gouty and syphilitic constitutions.

Another feature, somewhat like *Sulph.*, is a tendency to grow warts about the anus and genitalia, like fig warts, so that it is a broader remedy for sycotic warts than *Merc.* or *Sulph.* It is like *Thuj.*, and will bring back the gonorrhœal discharge which has been suppressed. It has also a soreness in the urethra that will be relieved by the return of the discharge. It cures stricture, fig warts, exostoses on the shin and skull. Warts on the prepuce, etc., bleeding on touch, like *Thuj.* Syphilitic buboes.

Many of the features of *Sulph.* and *Merc.* are not developed in Cinnabar, but there are many things in Cinnabar not found in either *Sulph.* or *Merc.*

It is full of headache. Like *Merc.* it has the sensation of a band around the head, or as if the skull or scalp were too tight, or as if the membranes were tightening on the brain. Fulness in the head. Congestive sensation in the whole head, especially the forehead. All complaints are worse after eating. Congestion to the head after eating.

Sensation as if touched with a cold body over the root of the nose, through the frontal sinuses, associated with catarrh of the nose extending up to the frontal sinuses and headache which continually increases; that part feels as if frozen and is relieved by great heat. Catarrhal headaches in old syphilitics with bone pains, when the nasal bones and throat are involved, and there

are exostoses, and he sweats and is worse during the sweat. Exacerbation from both heat and cold, aggravation from becoming warm in the room, but amelioration from applied heat. Dull pain in the forehead, which is cold, ameliorated by heat. Pain in the forehead and top of the head, worse when lying on the left side and on the back. When lying on the back the pain in the forehead becomes worse, but is ameliorated by lying on the right side and after rising and moving about. The dull pain in the forehead, with coldness, is most striking, especially in women with coryza, and it is worse before or at the menses. Coryza during menses is *Graph.*; coryza and sore throat before menses, is *Mag. c.*

Indisposition for mental labor. Forgetfulness. It is especially useful when the mind seems to be breaking down, and the state approximating imbecility. He forgets the names of his children and his own name.

Very useful in the eye symptoms of the broken down. Eyes are red. The pupil is irregular and jagged and contracted irregularly. Redness of the whole eye. Sharp pains through the eyes in iritis. Pain runs round the eye to point from which it started. encircling the eye, is a strong feature and has never been brought out in any other remedy. Dim vision; opacity of the cornea. Lids heavy in the evening. Soreness along the course of the supra-orbital nerve, worse at night. Neuralgia of the eyes with all sorts of pain, especially in cases running a course of syphilis. You will hardly ever see a case of iritis in cases you treat from the beginning.

When patients come to you filled with Mercury and Iodide of Potassium, and the shin bones are sore and lame, and there are exostoses and eye troubles of all kinds, and the throat is full of holes, you will have to use Cinnabar.

Roaring in the ears. Discharge thick, yellow, green. Vicious syphilitic catarrhs. Itching in the nose, bleeding of the nose, dark blood. All the Mercuries have coryza, dripping acrid discharge. Aching in the bones of the nose.

Toothache. Salivation. Inflammatory affections with ulceration of mouth, throat and tongue. Dryness and irritation of the throat, worse at night. Fulness in the throat, constant desire to

swallow. Catarrh extending through the whole nasal cavity, into the throat and down into the chest. Syphilitic laryngeal ulcers.

Green mucous diarrhœa and dysentery, which stains the skin a coppery color. Nightly painful diarrhœa. Protrusion of the anus during stool. Pain in the urethra on urinating as the result of a gonorrhœa or stricture. After the remedy a discharge will set in, which, on running its course, will leave the urethra free and open, and cause absorption of the infiltration. It causes infiltration after inflammation; this is seen in inflammation of the vagina, throat, urethra and all other tubes. It belongs to the class of remedies which have contraction of canals after inflammation. Phimosis of inflammatory character like the other contractions. The relief of the inflammation enables *Merc.* and *Cinnabar* to cure the infiltration. This is often seen in children; from inflammation there is a gradual contraction and the prepuce cannot be retracted; not the congenital cases which must be relegated to the surgeon. Deformities caused by inflammation are often cured by curing the inflammation. After the inflammation is cured the surgeon may be needed for the results. Often a remedy will wake up an inflammation in an old ankylosis, and when the inflammation subsides there may be motion. But if there is ankylosis after the inflammation is cured, that is a case for the surgeon. Recent adhesions and bands are curable by remedies, and this remedy has that in its nature. A number of times I have known sickly babies to have adherent prepuce, and I have prescribed for them to cure them so that they could be operated on when well, and then an examination has revealed that the adhesions are gone.

There is sensitiveness to the open air, and the symptoms are worse in the open air. In a warm room he is chilly. He is sensitive to cold and heat and he needs a medium temperature. If he does not have that he gets a nervous chill and sweats, and the more he sweats the colder he gets. Sweating spells in the middle of the day. Aggravation in summer, but, like *Merc.*, it has many complaints worse in the winter.

DEPARTMENT OF HOMŒOPATHICS.

THE LATEST NEWS OF THE ELEMENTS WHICH
SEND OUT UNKNOWN RAYS.

DR. VILLERS.

A new enigma has been proposed to natural philosophy by the discovery of elements which send out luminous rays without having been under the influence of light, which have a well recognizable spectrum and which act on the photographic plate. A very renowned German scientist has said, that perhaps these facts will entirely change our opinions of the physical agents. We know already quite a series of such physical bodies, which are now regarded as new elements and are designated Radium, Polonium and Actinium. We may suppose, moreover, that we will find more of them.

Quite miraculous, and not at all explainable, is the fact that they differ very much from the phosphorescent matters, which will only send out their light when they have been previously subjected to the light of the sun. But these new elements seem to have an ability to send rays out continually through indefinite time. You can get a bit of Radium in a small tube for a not excessive price. You enjoy its light and put it in a sideboard. When you take it out again after many days or weeks, you will see it just as brilliant as it was when you bought it.

The supposition is that the rays are intimately connected with separating minimal parts of the element, and you would suppose that in consequence the original piece must lose in weight. Prof. Becquerel, the most famous French scientist, has found that one *centigramme* (0.01) would be lost in 100 million of years!

Not enough with these startling news, quite new things have been proved by Prof. Debierne, of Paris, the man who found Actinium.

He writes to the Parisian Académie des sciences, that the faculty of sending out luminous rays can be transferred from the elements which have it by their constitution to elements which have it not by their nature. He says it is like inducing the electric fluid in a body near the one which is full of electricity. To show this astonishing experiment he took a salt of Barium, which is entirely free from the faculty of phosphorescence. He put it near a piece of radiant Radium, and after some time it began to radiate, though not so much as the Radium.

A second experiment is this: Chlorate of Barium has no faculty of radiating at all. He mixed the solution of this salt with the solution of the very radiant Actinium and by chemical processes took out the chlorate of Barium again and this salt, in a solid form, had got the faculty of radiation so much, that it acts hundredfold more on the photographic plate than Uranium.

New facts will illustrate old theories and destroy them or give them more value. Who does not feel, if he knows the theory of dynamisation by producing a close contact between an acting and a non-acting substance, what benefit we may have from these scientific researches? From every province of science comes such news to us, which destroy the old dogmas of natural philosophy, on account of which their defenders believe so certainly that we violate "science" in teaching facts which are not in coincidence with their ideas. *Qui vivra verra.*

PROF. KENT'S LECTURES.

The Lectures on *Homœopathic Philosophy* can now be obtained in book form, price, \$2.00. Prof. Kent's Lectures on *Materia Medica* will continue. The JOURNAL OF HOMŒOPATHICS has the exclusive right to publish these lectures monthly.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

S. J. HENDERSON, M. D., Bad Axe, Mich.

I. Results of Antitoxin—Anthrax.

1900. John Herman, 38 years.
June 21. Was antitoxined in March, because his children had diphtheria, and has been sick ever since.
Carbuncles on shoulders, from roots of hair down, large and small.
Soreness.
Burning.
Discharging stinking pus.
Enlarged cervical glands.
Dull pain in abdomen, begins after eating and ends in diarrhœa.
Diarrhœa worse after eating.
Yellow, thin, slimy, sputtering stool.
Dull pain in head; begins in bridge of nose and extends above eyes.
Weakness in lower limbs; numbness; < from exertion.
Soreness and tired feeling in arms.
Profuse perspiration on forehead and face.
< from light exercise.
Extreme thirst.
Chilliness, worse from drafts.
No desire for food.

Eggs and odor of eggs aggravate.

Anthrax c m.

He began working about ten days after taking the medicine. I saw him August 1st and he said the one prescription cured him.

II. Diarrhœa—Natr. m.

1900.

Aug. 30. A child, 20 months old, has had diarrhœa for a month.

Diarrhœa worse at 10 A. M.

Skin pale waxy, looks as if greased.

Emaciation and flabby muscles.

Too weak to play.

Nat. m. cm.

I only had about two minutes' time to make the prescription, as I was fifteen miles from home and waiting for return train.

Four days later the child was playing around. It had already a better color and began to look plump.

III. Malaria—Lyc.

Aug. 30. A little girl, 4 years old, lay prostrated in bed with malarial fever nearly two weeks.

Abdomen tympanitic, bloated.

All symptoms worse from 4 to 8 P. M.

Lyc. cm.

In three days she was up and around the house.

WOMEN'S SOUTHERN HOMŒOPATHIC HOSPITAL. The attention of physicians is called to *The Women's Southern Homœopathic Hospital*, 724 Spruce street, where they can procure for their patients who are self-supporting women all necessary treatment in private rooms for from \$5 to \$7 per week, or in wards containing four beds for \$3 per week. Visiting hours 2 to 4 P. M. daily, except Sundays. A cordial invitation to visit the hospital on Thursday afternoons is extended to the general public. Application should be made to

MARY BRANSON, M. D.,
President, 1719 Arch St.

EMMA SPEAKMAN WEBSTER,
Treasurer, 1156 S. Broad St.

DR. MARGARET E. BURGESS,
Resident Physician.

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL N. Y., THURSDAY,
JUNE 28TH, 1900.THE HAHNEMANNIAN CONCEPTION OF DISEASE
AND ITS PSYCHICAL TREATMENT.

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It is incumbent upon every Hahnemannian to do his utmost to replace the crude and materialistic notions of the nature of disease that are current in the thought of the age with the wholesome and spiritual philosophy of Hahnemann. In the Hahnemannian thought the conception of health is always primary. The health, wholeness, soundness, vitality of the individual, is the only real and substantial thing. This is the basis of all thought, the starting point of all activity, the foundation of healing. No practical idea of disease, or of right methods of procedure in healing, can be formed without a right conception of health as a standard of comparison. No reliable remedy for disease can be discovered except by tests and experiments upon the healthy human organism.

Hahnemann defines disease in Section 19 as "nothing more than *alterations in the state of health of the healthy individual*, which express themselves in morbid signs." Note the emphasis and repetition of the idea of health. Elsewhere (Sec. 13), he says distinctly that disease is a "nonentity;" that "considered as a thing separate from the living whole, from the organism and its animating vital force and hidden in the interior, be it of ever so subtle a character, is an absurdity that could only be imagined by minds of a materialistic type." The Hahnemannian does not,

therefore, approach a patient with his imagination filled with pathological forms and entities.

Disease being merely a morbid condition of health, must be viewed always from the standpoint of health. Disease is not a thing but a condition of a thing. It is not a microbe, a chemical substance in the blood, a tumor or growth, or any other visible or tangible thing. It cannot be discovered by the microscope or the chemical reagent. It is not destroyed by any germicide, solvent, reagent, nor by the surgeon's knife. The diseased organism is like a musical stringed instrument in which one or more strings are out of tune. It is only necessary to change the decree of tension of the discordant strings to restore it to usefulness. The tuner does not use an ax to do this, but a tuning fork and a key.

It is hardly necessary to point out the salutary moral effect of such a philosophy upon both patient and physician. Once apprehended, a host of demons and evil spirits are cast out forthwith. To the dull perceptions and morbid imagination of the materialist, the "valley of the shadow" is peopled with a thousand dreaded forms—hobgoblins of disease, yclept, variously pneumonia, diphtheria, typhoid fever, septicæmia, *et hoc genus omne*. To the mind of the average physician, these various morbid conditions of the healthy human organism exist as more or less definite pathological entities of some kind and are feared accordingly.

The paralyzing and demoralizing influence of fear is well known to students and observers of mental phenomena. Fear in general, and of the microbe in particular—that modern scientific consummation and heading up of all iniquity, that evil spirit whose name is Legion—is responsible for more sickness, suffering, and death on the part of the public, and more criminal and tyrannical assumptions of authority on the part of medical officialdom than any other cause, for though there may be doubt about the contagiousness of disease there is none whatever about the contagiousness of fear. The physician who believes in these things by virtue of his professional position in the community is a walking pestilence, carrying the elements of disease and death always with him. He lives in a mental atmosphere of morbidity, and radiates demoralizing and destructive forces on all sides.

His patients are often simply frightened into sickness and death without realizing it, either by his direct affirmation or morbid suggestion, under the general laws of Hypnosis. If perchance his patient's house is swept and garnished of one evil spirit of disease, it is soon filled with seven other spirits more wicked than the first, and the last state of that man is worse than the first.

The history of the human mind is the history of a continuous struggle to emancipate itself from the bondage of ignorance and materialism, and to attain the heights of spiritual intelligence and freedom. This is as true in medicine as it is in morals and religion. Healing the sick is a mental and spiritual as well as a physical problem, and knowledge and use of mental and spiritual means are as necessary to solve it as are physical means.

Ignorance and superstition are the great producers of disease. Intelligence is its cure. This is the conclusion which every well-informed, reasonable, and philosophical observer will arrive at after studying all the factors involved. For a time he may be blinded by the cloud of secondary causes which envelop the problem, but he will find the truth if he seeks long enough and in the right way. It is this materialistic spirit dealing with secondary causes, and basing lines of treatment upon them, that makes the practice of medicine so unsatisfactory to the average man. It inevitably leads to and results in mere palliation. The true nature of the problem too often is not recognized. It is regarded as physical and material when in reality it is mental and spiritual, or dynamic as Hahnemann calls it. Actual and perfect cure, or restoration to health, depends fully as much upon the mental treatment of a case as much as upon the medicinal treatment. Too much power is attributed to the physical or material dose given, and not enough to the mental or psychical remedy, which consists of the new ideas apprehended by the patient, the healing and harmonizing influence of the sanative emotions excited either by the personal attributes of the physician and his demeanor toward the patient, or by the instruction imparted by him. Hope, intelligent interest, courage, confidence in his physician, cheerful expectation of recovery, all aid a patient to calm himself, gather his forces well in hand, and focalize them upon the removal of the disorders which exist, and these sanative emotions are excited primarily by mental processes and means.

The aim of the physician should be to aid a patient to help himself—to aid him to attain intelligent control of his organism—to teach him how he may bring it into and keep it in a harmonious condition—as Hahnemann says in Section 9, “so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.”

No healing can be complete and permanent until this is effected. To remove the grosser symptoms of disease with medicine is good; but the work is not complete until the patient has, like the Prodigal Son, “come to himself,” and entered into the freedom which comes with the realization of his higher and highest self. Ignorance must be dispelled. There must be intellectual and moral as well as physical healing. Treatment and healing in this higher sense proceeds in accordance with the same principle as in the ordinary medical sense, namely, the Law of Similars or Correspondence.

For a classical illustration of this Psychical Homœopathy, consider the treatment of the Prodigal Son by his wise old father in that matchless parable in holy writ. It proceeded on strictly homœopathic principles. The father did not apply “heroic remedies” when the son manifested symptoms of discontent and rebellion. He did not command that he be beaten with stripes or imprisoned, nor did he resist him in any way as he might naturally have done. He recognized that the step his son proposed to take was for his ultimate good, though it was through the experience of evil and suffering. He foresaw the seeming evil consequences of his course, but he saw beyond that to the outcome. Therefore he “went out to meet” his son in the beginning as well as at the close of his experience. He set apart his portion of the estate and sent him on his way in all kindness. Appearing to agree with his wayward son in his evil and foolish course, he really conformed with the eternal principle of mutual action, which acts by correspondence or similars, rather than by opposition or contraries, and his faith was rewarded by a perfect cure, in a happy outcome.

The Godlike attitude of mind toward the problem of evil is the potentiating medium. The similar remedy, acting in the same direction as the disease, brings about reaction toward health, ac-

ording to the law of mutual action, expressed in the formula, "action and reaction are equal and opposite." The keynote for psychical treatment was given by Him who said: "Resist not evil." This defines the process and the attitude of mind on the negative side. Evil is not an entity to be resisted and feared as something tangible and powerful. The only reality or power it has is what we concede to it. The positive side is indicated in the complementary statement, "Overcome evil with good." These two statements are the two sides of the one grand truth or principle by which healing and salvation come into the world. Treatment mental or medical, based upon this principle of mutual action awakens and develops normal susceptibility to remedial measures, and makes cure certain. The other course arrays the organism against itself, awakens antagonism and resistance, and results in aggravation of the case and failure, or mere palliation, which is as bad.

The fundamental fact of being is consciousness. "I think, therefore, I am." This is the culminating point of Involution, the basis of all true philosophy. Back of this point lies the Infinite and Universal Mind, which begins now to be individualized. Knowledge begins with the recognition of this fact. Evolution proceeds from this as a starting point, for involution must equal evolution. It is as true in the concrete as in the abstract. Individual experience begins here and proceeds along this line.

Deep down in the consciousness of every individual mind is a tremendously significant fact. I know that I am fundamentally a normal and healthy creature. I feel within me the possibility and potentiality of perfection. It matters not that I find myself in unfavorable conditions and subject to disorders and disease. I feel that I shall rid myself of both eventually and stand forth in the glory of a free man. I am only in temporary bondage, until I shall have time to study myself and my surroundings and learn how to obtain mastery over them. In every soul is the abiding faith that somehow, sometime, it shall awake and come to its estate of freedom and perfection. It matters not that the realization of this state is relegated to the more or less distant future. This universal, underlying consciousness of potential well-being argues that it is man's real and normal condition, and therefore

possible of attainment. Our aim should be to start this process of realization on right lines as quickly as possible.

Thus we approach the problem from the normal, healthy, dynamic standpoint of Hahnemann. Thus is the psychical "proving" inaugurated upon the healthy, human soul. The symptoms of the proving are recorded in the annals of human frailty and sin.

The being of which we are fundamentally conscious, then, is a normal, well being. Just as we cannot conceive of a time when we did not exist, so we cannot conceive of ourselves as fundamentally and inherently diseased. The essential "me" is a healthy "me." All perversions and deviations from well being, in sensation and experience, are judged from a normal standard, which not only pre-exists but exists potentially now. All sick ones, all sinful ones, have hope of ultimate recovery, based upon more or less conscious realization that the true being will sometime manifest itself. The potential, but none the less real man is a spiritual and immortal man, healthy, sound and holy—a child of the Infinite, living, moving and having his being in God, and in this relation the Hahnemannian always views him. In time he will awake to beginning realization of this and "will arise and go to his Father," from whom he has never been entirely severed.

When Hahnemann directs that the insane shall be treated as though their delusions were real—that they are to be agreed with, etc., he is appealing to this underlying fact in their consciousness that they are essentially well. He proceeds upon the assumption that if their delusions and vagaries could be traced back far enough through the logical steps which led up to them, a true premise would be found. The insane are logical, but their process of reasoning is so immensely involved and prolonged, through such numerous and intricate steps, that the thread is lost. The homœopathician takes this for granted; admits that the patient's conclusion is correct and the logic good, but does not try to trace back to the premise. This calms the patient, who believes the same thing, but harasses himself in a vain effort to argue it out for himself or others. He also has this abiding consciousness that he started from a normal and right condition originally, but got confused and lost his way. To find someone

who accepts him as he is, without question or doubt, recognizing the fundamental fact of his being, calms him and gives him confidence. He finds a resting place for his weary mind. Somebody believes in him and will not resist or deny him. The insane man is struggling to maintain his hold upon the fact of his consciousness, and he is always conscious of struggling. To argue with him, deny him, restrain or coerce him, only makes him desperate and adds to his torture. Agree with him, accept him, trust him, be kind and patient with him, and his normal consciousness will begin to assert itself. The appeal is made to the sub-conscious mind which a knowledge of mental laws permits us now to believe is not destroyed, though its relation to the conscious mind is perverted. In what is called the insane mind there is probably always an underlying consciousness that its ordinary operations are disorderly. In the beginning of insanity the delusions are easily recognized as such, but gradually this sense grows dimmer, until it recedes entirely into the realm of the sub-conscious. From thence the fundamental factors of consciousness are never eliminated. The sense of existence as an individual, the consciousness of thinking and therefore of being, continue to exist, but sub-consciously. By treating the insane man's delusions as real the impression is imparted to him that his listener sees the relation between the vagaries and the real sub-conscious man. This gives him confidence and enables him to renew his hold on realities. Like the man whose slide to death down a precipitous mountain side is arrested by a slender shrub, he can cling and rest himself a little until he can consider his surroundings and plan his escape. He feels that his humanity has been recognized and the helping hand of a friend extended to him. Patience, sympathy, love, intelligently manifested, in accordance with homœopathic principle, will find a response, no matter how serious his case may be.

Since a recent experience with a prominent alienist, whom I called in consultation at the anxious solicitation of friends and relatives, I am inclined to wonder whether there are any who so thoroughly misunderstand the deeper workings of the insane mind as some who profess special knowledge of it. By homœopathic medicinal and psychical treatment I have cured in six

weeks, in her own home, a case which my consulting alienist said could only be cured by a course of treatment extending over at least a year's time, preferably in an asylum, and that the outcome "even then" was problematical! I am convinced that a week's stay in an insane ward would have made my delicate, sensitive, refined patient hopelessly insane. He simply failed absolutely to come into any sort of *rapprochement* with the case, and looked at it from an entirely outside and stupidly "orthodox" standpoint. To him she was simply a lunatic, and he approached her as such. There was apparently no attempt to enter into a sympathetic understanding of her mental struggles. By a cursory examination her disease was diagnosed and classified as melancholia with suicidal mania, and restraint was ordered. He saw only the discords, the perversions, the delusions, and the tendency in his mind, perhaps unconsciously, was to gather these together and make of them a pathological entity with which to frighten her and stultify himself. I approached her as if she were a sane person, sympathetically and calmly, giving her full credit for every gleam of intelligence and for every effort to regain her equilibrium. I examined and prescribed for her as I would for any person, and she responded promptly to treatment.

If the physician gains the confidence of the patient enough to lead them to reveal to him their inmost thoughts and emotions, he has in that very act opened up a sympathetic relation which subsists in the sub-conscious and spiritual world, and which is largely independent of the laws operating in the ordinary conscious sphere. Words are mostly unnecessary. It is here that the power of silent thought manifests itself. In this sphere the laws of telepathic communication become operative, and thoughts, ideas, mental and emotional states, are communicated without spoken or written words. Truth or error, good or evil, confidence or fear, are communicated with equal facility. Let the physician first be sure of the state of his own mind, and then inform himself fully and accurately of the patient's symptoms, mental and physical. Let him lead on gently to as full, frank and free revelation of the experience and circumstances of the patient as possible, making careful notes of all, and then carry out the treatment according to homœopathic principles, as suggested, mentally

as well as medicinally, if he would attain the highest measure of success.

Strange and inexplicable as it may seem, it is undoubtedly true that medicines administered to a healthy person will produce every conceivable mental and emotional perversion. The only hypothesis upon which a possible explanation can be given is the spiritual hypothesis, namely, that not only man, but every form and entity in the universe, is fundamentally spiritual, and that a law of correspondence and mutual attraction runs through all. Every form embodies an idea—a thought. The thought embodied in the thing occupies a more vital relation to us as thinkers than we as yet appreciate. Dr. Hering once said: "It is sometimes sufficient to *think* the remedy in order to effect a cure;" and this was before the days of telepathy and the X-ray. True, there had been the administration of medicine by olfaction of high potencies by Hahnemann and Boëninghausen. Hahnemann had used the "Mesmeric pass." Korsakoff had made effective high potencies by the contact of one medicated dry pellet with a phial full of unmedicated pellets. Fincke, Wells, and others had cured by "induction," as it was called, that is, by allowing the patient to hold a corked phial of the indicated remedy in the hand a few moments; but Hering, who like his master was always in the van, "went them one better" and cured by *thinking* the indicated remedy to the patient. This is dangerous ground, possibly, but probably most of us have had experiences which give verisimilitude to Hering's observation. Some remarkable cures by Sac. lac. may be thus explained.

In dealing with disease we have to consider first the medicinal treatment, then the psychical or moral treatment, then the hygienic and dietetic, and perhaps also the mechanical or surgical treatment. All these phases and requirements may exist in one case, and all should be considered from the homœopathic standpoint and be governed by homœopathic principles.

The homœopathic remedy is not necessarily a half dozen No. 10 pellets, dry on the tongue, or dissolved in half a glass of water and administered in teaspoonful doses every three hours. It may be a living, burning, pertinent thought, or the calming touch of a strong hand. It may be the clear and comprehensive glance of

the eye, or any other perceptible manifestation of the power of intelligence and sympathy adapted to the needs of the case according to the principle of *similia similibus*.

We know now that the principle is applicable in the intellectual, moral and spiritual spheres as well as the physical, and that the remedy may be purely mental or spiritual, and at the same time homœopathic. It is not necessary to accept or endorse as final the theories of any thinker or class of thinkers in order to investigate the facts or phenomena upon which their theories are based.

Any method of treatment by which cures of the sick are performed is a legitimate subject of investigation by the Hahnemannian.

Hahnemann searched the literature of traditional medicine from the earliest times to his own day for recorded cures by drugs. Making an analysis and abstract of them he showed that they were all performed under the operation of the principle of *Similia similibus*. It was from the tabulated results of such an investigation, in fact, that he deduced the principle of cure. The Introduction to the Organon shows this most clearly.

Throughout his life his mind was ever open to new ideas. Any thought, experience or method which promised to throw new light on the application of these healing principles awakened his active interest. Possibly no more striking example of this could be mentioned than his study of Mesmerism, or Hypnotism, as it is known now, and his adoption of certain of its procedures into his practice. Considered in his day as being a force akin to Magnetism, it was called Animal Magnetism. Hahnemann did not assume an attitude of scepticism and antagonism toward the new and strange facts and theories of Mesmer and his co-workers, but diligently studied its phenomena and theories, and made personal tests and application of them. He put the theories to the same test of experience that he demanded for his own theories. So far as they proved true and useful, he accepted them, and Sections 293 and 294 of the Organon, with appended notes, state his views and practices, as far as he had developed them. He declares (Sec. 293) that "this *curative power* (which should be called Mermerism, after the name of its inventor, Mesmer), of whose efficacy none but madmen can entertain a doubt, which, through

the powerful will of a well-intentioned individual, influences the body of the patient by the touch, *act homœopathically* by exciting symptoms analogous to those of the malady."

Further investigation and experiment enables the psychologist of to day to amend Hahnemann's statement and to add to the words "body of the patient" the words "mind of the patient," and by so doing legitimately extend the application of the healing principles, *similia similibus*, into the purely mental or metaphysical spheres. For it is the mind of the patient which is primarily influenced by the Mesmerist, as well as the Christian Scientist, the Faith Healer, and all other metaphysical healers. The action upon the body is secondary, according to well understood principles.

In this day we boldly declare that Hahnemann dimly saw and partially stated in Organ., Sections 228 and 229, that the principle of *similia similibus* is universal in application, and, therefore, that in so far as disease and discord can be traced to a mental origin mental treatment may be applied under this principle. Mental treatment, like medicinal or drug treatment, will be successful just in proportion as it is homœopathic to the individual case. Mental and medicinal treatment of a case necessarily go hand in hand.

The situation confronting us to-day is closely similar to that which confronted Hahnemann nearly a century ago but amplified and developed in the natural course of events, through observation and study of the various phases of what is often called "occult science." Mesmerism was the most prominent in his day.

Mesmerism, now known under the name of Hypnotism, or in its medical aspect as Suggestive Therapeutics, is one of the most prominent subjects of attention and investigation to-day. Closely allied to Hypnotism are the various forms of metaphysical healing. The logical development of this from Mesmerism might be traced without much difficulty, and their close relation to each other shown. Christian Science, Mental Science, Divine Healing, Faith Healing, and Roman Catholic "Miracle Healing" are all based on the same fundamental principle.

Judgment of the utility and value of Hypnotism or Suggestive

Therapeutics, and other allied methods, is properly based upon the results of the researches and experiments of the many reputable and conscientious scientific men who have studied them, as published in reputable scientific journals. We should not be prejudiced by the disgusting performances of unscrupulous travelling mountebanks and fakirs, described in the "Yellow Journalism" of the day, nor by the extreme and foolish claims of sectarian organs.

There is no truth or good which may not be perverted by the evilly disposed. The wise and judicious are not deterred thereby from the study and investigation of facts, nor from adopting in their practice of methods and principles which bear the test of logic and experience.

Pursuing the course of Hahnemann, toward traditional medicine and Mesmerism, it is possible that a sincere and scientific study of the successful cases of the various metaphysical healers of to-day may throw still further light upon the best method of applying the undoubted principle of *Similia Similibus*. If disease is really cured by mental or psychical methods, it must be homœopathically.

The leading Psychologists of our time and country, of whom Professors William James and Josiah Royce, of Harvard, Quackenbos and Hyslop, of New York, and Elmer E. Gates, late of the Smithsonian Institution, are eminent examples, have done and are doing this from their standpoint, to the very great advancement of the science of Psychology.

To mention the illustrious names of Charcot, Bernheim, Alfred Russell Wallace, and William Crookes, in Europe, is only to head a long list of scientific men eminent in their respective specialties, who have devoted much time and study to the different phases of the subject under consideration.

It behooves Homœopaths not to be behind in this matter. Hahnemann—that man of divine inspiration and marvellous foresight—has opened the way. He was at least a hundred years ahead of some who to-day criticise and look askance at those who, divining the signs of the times, turn their attention to a study of facts and theories presented at this juncture, and seek in them a further elucidation and extension of the law of cure, as Hahne-

mann did in that particular phase of metaphysical thought most prominent in his day, known as Mesmerism.

The chaff must be separated from the wheat. The truth must be sought diligently and continuously, as it is progressively and eternally revealed. Of each new day it may be said there is some new truth "due to be revealed." The daily record of progress in invention and discovery in every field of thought is proof of this. It should be as true of Homœopathy as of Electrical Science, of Psychology as of Mechanics, and will be in spite of those who believe that the oracles of truth were forever closed and sealed at the departure from this sphere of activity of some great man or body of men, and who would hamper the advance of those who think differently.

DISCUSSION.

Dr. Carleton: This is splended ! I would not know how to go to work to debate it. I am reminded of conversations with some doubting Thomases. "It is wonderful, really, the faith which you fellows put in a few pellets." "Oh," I reply, "that is nothing to some other things. What will an angry word do to you? It will upset you completely. You receive a letter from a friend containing bad news, and it disturbs you dreadfully. Now, if you are going to sneer at the homœopath because of his ways, you will have to go back and fight that story of Moses, who put the image of a snake upon a pole and told the people to look at that. All who looked were cured. By that means the Almighty expressly declared himself a homœopath; so we have the Almighty upon our side."

Dr. J. Campbell: There is one thing I would like to say about that paper. Dr. Close says the first is the medical and the second is the psychical. I think it should be reversed; inasmuch as the psychical precedes the medical, the psychical is pre-eminently the thing to be considered first. Starting from that standpoint, I comprehend infinitely more than I should otherwise do of Homœopathy and Suggestive Therapeutics. I have had personal experience in the mere thinking out a remedy for my own case. I was once very ill with grippe and went carefully over my symp-

toms from head to foot. I thought, well, if anybody else had these symptoms I would give him Nux vomica. As soon as I arrived at that conclusion I commenced to improve, and in a day or two was well. This I have consciously accomplished many times since I discovered it for myself. I find that Hering had been similarly impressed regarding these cures by mentally Homœopathic prescriptions.

Dr. Carleton: We must not let our patients carry that too far, and let them imagine we think we are paid \$10.00!

Dr. Loos: I was wondering how that would work when you know the image of the remedy but cannot think of the name?

Dr. J. Campbell: A restudy of the case would often have a most beneficial effect upon the patient, even if that patient were a thousand miles away.

Chairman: There is one thought in the paper that troubles me. It is your reference to Christian Science. I believe that doctrine to be a most dangerous and unfortunate perversion of nature. It is neither Christian nor scientific. The only incentive to labor displayed by Christian Scientists may be found in the dollars and cents. Whoever heard of a Christian Scientist doing charity work, for instance, unless he were to be the chief beneficiary?

Dr. J. Campbell: Christian Science is a modern blasphemy.

Dr. Close: Let me read that paragraph over again: "Further investigation and experiment enables the psychologist of to-day to amend Hahnemann's statement, and substitute for the words 'body of the patient,' the words 'mind of the patient,' and by so doing legitimately extend the application of the healing principle *Similia Similibus* into the purely mental spheres. For it is the mind of the patient which is primarily influenced by the Mesmerist, as well as Christian Scientist, the Faith Healer, and all other metaphysical healers. The action on the body is secondary, according to well understood principles." That implies, of course, that in certain cases the Christian Scientist, the Faith Healer and Mental Healer do effect cures. That is now generally admitted.

Chairman: You mean to say that they accomplish results; cures have to do with truth, Christian Science has to do with falsity.

Dr. Morgan: I have observed several cures that they have

made. I have always found that they have been cases that have been keeping themselves sick for years with drugs, patent medicines, etc., taking physician's prescriptions long after the physicians would have wished them to stop it. Christian Science has got hold of such people and prevented them from taking these drugs for a time and the patients naturally got well, and then the Christian Scientist has had the credit of having cured them.

Dr. Campbell: Yes, but there are homœopathic patients that have never had much drugging, and have tried Christian Science and been benefited. They are patients that live in a morbid condition, and by having their minds diverted they gain relief.

Dr. Morgan: I have not met with any of my patients that have been cured that way.

Dr. Campbell: Certain it is that we have to realize the power of Suggestive Therapeutics. The friends of a patient will say: "Oh, she is better now, if only nothing comes back." I insist upon keeping away from patients the atmosphere of fear.

Dr. J. Campbell: There comes a time when, with some patients, medicines have practically ceased to impress them and then something must be done. I have in mind a patient who has endocardial inflammation, and who has taken pailfuls of homœopathically administered medicine. She said she "doted" on the few dry powders I gave her. For three months she lay flat on the pillow, not raising the head a single inch. I made up my mind to hypnotize her, telling her that she would sit upright in bed, and she continued to sit up each day from twenty minutes to an hour. I hypnotized her again and suggested that she would rise from bed and walk around the room; she did it, saying at the same time: "This is certainly a miracle, no material medicine ever helped me so much." Now, I said: "We have placed a chair on the porch, and you are going out to sit on it; you are going to do it also after I have gone;" that is the way I left her. Her strength has continued to return; she is up and dressed every day as usual. Something has been done, the woman's mind has been bolstered up and the reflection is seen in improved physical condition. I have had other cases, too. One a demoniac child that I influenced by mental concentration at a distance. It improved wonderfully; I would sit and concentrate my mind upon

him and shut out everything else, presenting to the child an image of itself as it should be when perfectly healthy; the child is now perfectly healthy. It had been said that the skull would have to be trephined.

Dr. Carleton: Are not all these patients rather weak mentally?

Dr. J. Campbell: I think they are negatives, and we supply the positive.

Dr. Campbell: There is another case that Dr. John expended himself upon.

Dr. J. Campbell: That was a young girl who was at times apparently demoniacally obsessed, and with whom I sat for five hours, until two o'clock in the morning, when she was finally subjugated and I produced in her a state of somnambulism. Her father told me quite recently that since that *séance* she has not been the same, being generally more tractable.

Meeting then adjourned until the next morning.

FIRST YEAR'S EXPERIENCE.

The first day of June was the end of my first year of practice. Well, it was a successful year in many ways. I suppose I did as well as I ought to expect under the circumstances, for I am practicing in the little village where I have lived nearly all my life.

I must tell you a little about my experience with intermittent fever. When my first case came I didn't know at once what I had, for I had not seen a person in a paroxysm before. Then came the study and trying to find the right remedy. I went to Dr. F. W. Patch for help, for he practices *Homæopathy*, and I learned much from him. My cure was going to be a slow one, and soon came the demand for Quinine; but I stuck to principles and refused to give it, so I lost that case. Your paper on Intermittent Fever in volume one of the *Journal* helped me a great deal. Well, I had several cases of malaria, and some waited for me to cure them, and this year they have not had the trouble; but those who took Quinine have had malaria again this summer, and one has returned to me for treatment.

This has been enough to convince me that nothing but pure Homœopathy is needed in the treatment of this condition, in spite of the assertions of many that there is nothing but Quinine.

* * * * *

Since my last letter to you, one of the cases that left me in order to get quinine last year, returned to me with his malaria. *Puls.* was the remedy he received this time; he was having chills daily; he has had none now for more than two weeks and is feeling better in other way.⁹

CARRIE E. NEWTON.

Fayville, Mass.

ERRATA—DR. MILLER'S "RELATIONSHIPS OF REMEDIES."

Dear Dr. Cameron: When preparing the paper on relationships I forgot about Bœnninghausen's *Manual*, which contains a number of facts omitted by the other authorities. There are a few errors that I would like to correct, viz.:

BOVISTA. *Coff.* is not antidotal, but inimical; duration 14 not 50 d.

CANTH. *Coff.* is not antidotal, but inimical.

CLEMAT. Duration 14-20, not 40 d.

EUPHRASIA. Duration not 20-30, but 7 d.

IGNATIA, add *Coffea*, inimical according to Bœnninghausen.

LACHESIS, add *Dulc.*, *Nitric ac.*, *Psor.*, inimical according to Bœnninghausen.

LEDUM, add *Chin.*, inimical according to B.

NUX, add *Acetum*, inimical according to B.

RAN. B. and RAN. S. Delete duration 30-40 d.

STRAMON., add *Coff.*, inimical.

ZINC, add *Wine*, inimical.

Yours truly,

R. GIBSON MILLER.

10 Newton Place, Glasgow, Sept. 20, 1900.

HAHNEMANNIANA.

Mr. Charles Roberts, of 1716 Arch street, Philadelphia, has in his collection of autograph letters the one which we reproduce in this issue, for the use of which we are indebted to him. The work referred to in the letter does not appear in the published lists of Hahnemann's translations, so that evidently the publisher's answer to the letter was not favorable:

DRESDEN, Nov. 10th, 1786.

HONORED SIR:

With a pleasant remembrance of the time when I had the honor, in Dessau, to make your acquaintance, I offer you the fruit of my leisure, a translation of Chambon de Montaux's *maladies des femmes and des maladies de la groosesse*, Paris, 1784 and 1785, under the title *C. d. M.'s Knowledge and Practical Treatment of Diseases of women in and out of pregnancy*. It will make two moderate volumes, of which I shall have finished the first in a short time. The work is, without boasting, one of the most excellent both in regard to its scope and in regard to its exhaustive character, and I hope that it will not be an unfortunate venture for the publishers. I beg your decision at your earliest convenience, and am, with the highest esteem,

Your obedient servant,

Dr. Sam. Hahniemann.

PERSONALS.

Dr. K. R. Parmenter has removed to 58 Union Ave., South Framingham, Mass.

Dr Wm. H. Dieffenbach has removed from Jersey City, N J., to S. E. cor. of Broadway and 56th street, New York City, N. Y.



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No. 9.

DEPARTMENT OF MATERIA MEDICA.

CAMPHOR.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.

The camphor bottle is a great mischief in the house, as camphor antidotes most of our drugs. A camphor bottle should not be kept near your potencies; put it away in the other end of the house. But it is not the camphor bottle we are going to speak about to-day. Camphor in potentized form will cure a great many complaints. It is suitable in some acute complaints attended with an immense amount of nervous excitement, even to frenzy with spasms and convulsions and finally exhaustion. The Camphor state is one of convulsions or coldness. In the most acute period of the Camphor excitement the excitability and frenzy of the patient and his parts are extreme, or he goes into the other extreme in which the irritability is lost and there is loss of sensation, unconsciousness and coldness. The two extremes may be seen in one patient, one earlier and the other later. He may go from the extreme of mental excitement and violence, and pass through this state to one of prostration and exhaustion, in which the body is blue and cold and yet must be uncovered. In the mental state there is anxiety and extreme fear; fear of persons, of strange spheres, of the dark; the dark is filled with imaginary spectres; he dare not get out of bed in the dark; everything that moves is a spectre and the inanimate things of the room become alive and

terrify him. Frenzy. Coupled with this there is kidney and urinary trouble like that of *Cantharis*, and because of this similarity the two remedies are both complementary and antidotal to each other. If a woman has poisoned herself with *Cantharis*, and there is present the frenzy and excitement of that drug, Camphor will act as an antidote.

The details of the mental symptoms are worthy of much consideration. The patient goes into a state not unlike imbecility, and the appearance is as if it had come on slowly. The mind and memory are gone. He closes the eyes, seemingly asleep, and answers no questions. Delirious with the heat, rage and mania, wants to jump out of bed or out of the window. Screams and calls for help. Tosses anxiously in bed. The child runs to the corner and howls. Anxiety and almost loss of consciousness. These symptoms will indicate Camphor in puerperal fever, in congestion of the brain, or in shock from violent inflammation of organs. Confusion comes from the shock and comes with violence. The more violently the patient suffers the sooner he is cold, and when he is cold he must uncover even in a cold room. This is somewhat like *Secale*. In *Secale* the patient, when cold, wants to uncover and to be in the cold room, and it also has frenzy, and so there is nothing in what we have yet seen to distinguish *Secale* from Camph. by which a distinction can be made. The coldness, frenzy and heat very often intermingle. When the Camphor patient is becoming cold he has spells of heat which come over him; flashes of heat intermingle with rending, tearing, burning pains, either in the inflamed organ or along the nerves. Now when these things come we want to watch as to what takes place. The patient is a most troublesome patient to nurse; nobody and nothing suits them. If an inflammation of the bladder comes on there is intense pain and tenderness, and from the shock of the suffering the mind is almost gone or is in a state of frenzy. Coldness then comes on and the patient wants to be uncovered, wants cold air, wants the windows open, but before all this can be done a flash of heat comes on and then he wants the covers on, and the register turned on, and wants a hot iron and hot bottles; but this stage now passes off, and while the nurse is bringing the hot irons

he wants her to throw them away and open the windows and have everything cool, and with it all there is frenzy. You will see at once that these are serious cases. This occurs with opisthotonos, convulsions, inflammation of the brain, liver, kidney, bladder, coming on from violent shock and cold with great exhaustion. You will see this in one who has worked for hours for his life, and when the excitement is over reaction sets in and it is like a whirlwind; he has worked until he is exhausted and now he is prostrated, cold and blue; here is the sphere where the old woman with her Camphor bottle has established a reputation, but potentized Camphor will do a great deal more for him than the Camphor bottle, it will put him into a refreshing sleep and enable him to get up next morning feeling quite well.

The head is full of pain; throbbing pain. Contractive feeling as if laced together in the cerebellum. The whole back of the head and neck throbs and beats like hammers; burning and stinging. Frontal headaches also.

We have heard a great deal about Camphor in cholera, which is a disease that brings the patient down quickly. The face is cold, blue and shrivelled, without much sweat, in the cases that would make you think of Camphor. There is not much discharge from the bowels, not much vomiting and not much sweat; but suddenly he becomes cold, blue and collapsed, as it were paralyzed, and goes into a stupor, and the bystanders wonder why he died.

Convulsions with frothing at the mouth. Blue lips, lock-jaw, tetanus. Cold sweat on the face with vomiting. Erysipelatous appearance of face.

There is desire to drink without much thirst. There is also insatiable thirst; he is not satisfied with incredible quantities of cold water. Can't get it cold enough, and can't get enough. He wants a stream to be running down the throat, but he soon vomits it up.

The gastric irritation is marked. Everything is vomited. The tongue is blue and cold and the breath is cold. Everything coming out of the body is cold. The air as it leaves the chest feels like that from a cellar, like *Carb. v.* and *Verat.* The tongue is cold and trembling. Such states are found in cholera. All

through the cold state there is a state of burning. The inside of the body seems to burn, or there is a sense of internal smarting like a rawness or a sense of burning without heat.

The pain in the stomach in gastritis is so violent that the anguish on the face is equal to that in *Arsenic*; a deathly anguish is felt in his stomach and he feels that he must die. Burning, rending, tearing pain in the stomach with retching and vomiting. Cramps in stomach and bowels and thence spreading to other parts of the body until there are convulsions and opisthotonos. Anguish at the pit of the stomach drives him to despair. Heat in the stomach. Cold feeling in the stomach. Abdomen is full of colic and burning. Cold feeling in the abdomen.

Cholera stools: rice water discharges, with anxiety, restlessness, spasms of the muscles, cramps of the chest, prostration, increasing coldness and blueness; wants to be uncovered and he is going into collapse. The old Camphor, *Cuprum* and *Veratrum* still hold together for Asiatic cholera. In Camphor there is prostration, blueness, coldness and yet he wants to be uncovered, and there is not much sweat, the body is cold and dry. The other two remedies have all there is in cholera, but in *Cuprum* there is not so much coldness, more cramping, more convulsive tendency and not so much prostration. The more cramping there is the more it is *Cuprum*. The more copious the discharge from the bowels and the more profuse the vomiting and sweat, the more we would think of *Veratrum*. Cold and dry—Camphor. Cold and copious discharge—*Veratrum*. Excessive cramping—*Cuprum*.

After taking cold there is cutting, with involuntary discharge of dark brown feces like coffee grounds. Tenesmus. At times the cholera patient, with the coldness and blueness, is retching and straining to vomit and suffering with horrible tenesmus to get rid of a little stool and has convulsions here and there. These bowel symptoms gradually increase until there is no ability to strain at stool, a paralytic condition. The rectum seems contracted and painful.

There is a great deal of suffering in the urinary and sexual organs. Burning urination. Strangury. Frequent urination. Frequent desire, with difficulty. The same state arises in the

bladder as in the rectum, and there is retention with horrible torture. The patient sits on the commode and strains to pass the urine but there is a paralytic condition of the neck of the bladder. The urine is red, bloody, and comes by drops like *Canth.* Tenesmus of the neck of the bladder.

Camphor increases the sexual erethism to an unbearable degree. In some cases from large doses this is seen in the extreme, and in other cases the reverse takes place. It has both sexual erethism and impotency in the provings. I once knew a French woman who had an insane desire to keep her boys always at home with her, and she thought she could accomplish this if she could only keep them away from the girls; and to destroy their sexual desire she kept a bag of camphor under their pillows. All of them were made impotent. But in some provers it establishes sexual erethism. It has this like *Canth.*

Camphor produces a coryza, with a profuse discharge from the nose and from the whole length of the air passages, from the nose to the bronchi. Bronchitis of children and old people. Old withered up people take cold at every exposure to weather and become cold and chilly. *Ant. crud.*, *Am. carb.* and Camph. are wonderful remedies in octogenarians. Every cold seems to be about to kill them. Old people don't come down with cold the same as young people; they are prostrated in bed, sinking, have rattling in the chest and the family think it is the death rattle and that this is grandpa's last spell. These three remedies fit the case, they are like the advanced stage of pneumonia. *Ant. t.*, *Ant. c.*, *Am. c.* and Camph. cover these cases in which the hot stage is omitted. Camph. has very little heat; it has the sensation of heat; but not much hot stage. There are other symptoms in this medicine such as you will find in old people.

Jerking of the muscles, trembling and jerking. Spasmodic conditions with trembling. Trembling of the tongue.

The general *constitutional* state of a Camphor patient is coldness and extreme sensitiveness to cold. In acute inflammatory conditions he is cold and wants the covers off. In acute complaints there is violent thirst, in chronic complaints thirstlessness. It is the same in *Arsenic*, in the acute thirsty, but in the chronic thirstless.

In Camphor an important thing to recall in the acute is that during the heat and when the pains are on he wants to be covered up. The coldness is relieved by cold, he wants more cold.

CAPSICUM.

Most of the substances that are used on the table as seasoning in foods will in the course of a generation or two be very useful medicines, because parents poison themselves with these substances, tea, coffee, pepper and tobacco (although tobacco cannot be said to be on the table, yet it might as well be if it is used at all), and these poisonous effects in the parents cause in the children a predisposition to diseases, which are similar to the disease produced by these substances.

In the fat, flabby, red-faced children of beer drinkers and pepper eaters, with poor reaction, a relaxed and flabby constitution, red face and varicose condition, those that have been overstimulated, children of overstimulated men, we find the sphere for Capsicum very often. In those constitutions in which the face looks rosy, but it is cold or not warm, and upon close examination the face is seen to be studded with a fine system of capillaries. Plump and round, with no endurance, a false plethora like *Calc.* The end of the nose is red, the cheeks are red, redness over the cheek bones, red eyes, easily relaxed individuals. These constitutions react slowly after diseases and don't respond to remedies, a sluggish state, a tired, lazy constitution. In school girls who cannot study or work, who get home-sick and want to go home. In gouty constitutions, with cracking of the joints and gouty deposits in the joints, stiff joints, clumsy, weak, give out soon. There is sluggishness of the whole economy. They are chilly patients, cannot endure outdoor air, are sensitive to air, and want to be in a warm room. Even in the ordinary weather the open air causes chilliness. They are sensitive to cold and to bathing.

In the mental state there is no more striking thing than this symptom—homesickness. A sickness like homesickness runs through the remedy and is accompanied by red cheeks and sleep-

lessness, hot feeling in the fauces, fearfulness. They are over-sensitive to impressions, are always looking for an offence or slight; always suspicious to the extent of looking for an insult. Obstinate to the extreme; it is a devilishness. Even if she wants a certain thing she will oppose it if it is proposed by some one else. After emotions red cheeks, yet with the red cheeks lack of heat, even with increased temperature; or one cheek pale and the other red, or the cheeks alternately red and pale. Children are clumsy and awkward.

The Capsicum mind is almost overwhelmed by persistent thoughts of suicide. He does not want to kill himself, he resists the thoughts and yet they persist, and he is tormented by these thoughts. There are persistent thoughts in many remedies, and it is necessary to distinguish between impulses and desires. If he desires to have a rope or a knife to commit suicide, that is altogether different from an impulse to commit suicide. An impulse is sometimes overwhelming and overbalances the mind, and he commits suicide. You should always find out from a patient whether he loathes life and wants to die, or if he has impulses which he wishes to put aside. Some persons lie awake at night and long for death, and there is no reason for it. That is a state of the will, insanity of the will. In another patient the thoughts jump into his mind and he cannot put them aside, and the train of thoughts is tantalizing and tormenting. The distinguishing feature of a remedy is often found by differentiating between the two. Desires are of the will; impulses come into the thoughts.

Headaches as if the skull would split when moving the head, when walking or coughing. Feeling as if the head would fly to pieces; holds the head with hand. Routine prescribers give *Nux* for this, and if it does not cure they give *Bry.*, and if it does not cure then something else. But a long list of remedies have that symptom, and Capsicum is one of them. Feeling as if the head were large, aggravated by coughing and stepping, ameliorated by lying with the head high. Bursting pain and throbbing. Headache with pulsation in the forehead and temples. Headache as if the brain would be pressed out through the forehead. On stooping, feeling as if the brain would be pressed out, as if the red eyes would be pressed out on stooping.

The senses are disturbed and are overacute; oversensitiveness to noise, smells, taste and touch, to impressions, to insults. The patient is excited. Capsicum used to be classed as a diffusible stimulant; the whole sensorium is agitated.

Pains in the ears of all kinds; itching pain; aching, pressing pain with cough, as if an abscess would burst. It has a peculiar action on the bones of the internal ear and mastoid process. Abscesses round about and below the ear and caries; petrous portion of temporal bone necrosed. It has been a frequently indicated remedy in mastoid abscess which worries the old school doctors so that they bore down and remove the cells for fear of basilar inflammation; a devilish practice, for, after they do all this and nearly kill the patient and spasms come on in spite of it all, the indicated remedy comes in and cures the patient and the spasms and the ear disease. I remember a case which was in convulsions when I was sent for and it was cured with *Phos*.

Old catarrhs. All kinds of disturbance in the nose of a catarrhal character. The patient takes cold in the nose and throat and this is followed by a collection of mucus. Very often in stupid patients it is difficult to get symptoms, and you must depend on what you see for yourself, the character of the discharge and a few other things, and you will find that some of these cases will be cured and all the other symptoms will go away; but in some of these old catarrhs no reaction seems to come after the most carefully chosen remedies, and all at once the doctor awakens up to the realization that the patient has a red face and it is cold and the end of the nose is red and cold, and the patient is fat and flabby and yet has not much endurance. never, could learn at school, and if she exerts breaks out into a sweat and freezes in the cold air. He has got a key to the patient and examines the patient by the key, that is, by the drug. a bad practice and never to be resorted to except as a *dernier ressort* and in stupid patients. When he gives Capsicum to that patient it arouses her up, it may not cure; but after it the *Silica* or *Kali bich.* or other remedy which was perhaps given before and did not act takes hold and cures.

In the text it says, "Nose red and hot," but remember that "*red and not hot*" is better. The skin all over is red and burn-

ing, but that is not so important a symptom as when it is red and without heat, a capillary congestion. The cheeks are red and not hot, and this alternates with paleness. Red dots on the face. Pains in the face like bone pains, from external touch. Pains are worse from touch. Pain in the zygoma, or the zygoma is sensitive. Sensitive to pressure over the mastoid. Swelling in the region of the mastoid

Taste foul like putrid water. When coughing the air from the lungs causes a pungent offensive taste in the mouth. A hot pungent air comes up from the throat, tasting foul when coughing.

On the tongue and lips, flat, sensitive, spreading ulcers with lardaceous base. The mucous membrane of the lips and various parts of the body if pinched up with the fingers remain in the raised position, showing a sluggish circulation. This is the flabbiness of Capsicum. It wrinkles on pressure. It is a feeble circulation. The parts you touch are loose and flabby, red, fat and cold. That child will not react well if it has measles, until it gets Capsicum. The skin is moist and cold, and there is a fine measley condition of the skin due to capillary congestion. If the child is old enough it will complain of feeling cold. There is slow reaction after eruptive diseases, after glandular diseases, after bowel complaints. The child was fat and flabby, but now does not take on flesh.

He takes cold in the throat and nose, and the throat looks as if it would bleed, it is so red, a fine rash-like appearance—it is puffed, discolored, purple, mottled, flabby and spongy-looking; dark red. Burning soreness with ulceration in the fauces. Uvula elongated. Stitching in throat. Enlarged tonsils, inflamed, large and spongy. The throat remains sore a long time after a cold or sore throat. Burning, pressing pain in the throat, throat dark red; relaxed sore throat; pain on swallowing; dysphagia. Throat sluggish for weeks, a do-nothing state, does not get very bad, but gets no better, a lack of reaction.

When the chill begins there is thirst. Thirst after every dysenteric stool, a sudden craving for ice-cold water, which causes chilliness. Craving for water before the chill and when taken it hastens the chill; it feels cold in the stomach. He desires something warm, something stimulating, craves pungent things. This

is seen in whisky drinkers; they crave pepper, and the pepper, on the other hand, turns round and craves whisky. These diffusible stimulants crave some stimulating thing, crave support. Dipsomania.

Let me give you a hint in *Arsenic*. In dipsomania the old sinners who have been drinking a great many drinks in a day sometimes get to that state in which they must get up during the night for a drink or they will not be able to get up in the morning. In the morning the first three or four drinks will be thrown up, but the next one will stay down; they must take a number until one sticks. They have got to that state in which they must keep on taking it. If they sleep too long the first few drinks will come up, and so they must get up in the night or the whisky will not stay down in the morning until they have taken a number of drinks. You will see this in lawyers who do a great amount of work on stimulants. *Nux*, *Ars.*, and *Caps.* will do something for them if they will co-operate with you. I remember saying to one old toper, who had kept up altogether on champagne, that he would have to stop it. He whined, "I don't think it is worth while." If he could not get his champagne he didn't think life was worth living. If these people want to get benefit they must co-operate.

Dysentery. After stool, tenesmus and thirst, and drinking causes shuddering. Smarting and burning in anus and rectum. Violent tenesmus in rectum and bladder at the same time. Hæmorrhoids: protruding, smarting, burning; smarting like pepper; they sting and pinch as if pepper had been sprinkled on them. Tenesmus of the bladder; strangury. Burning, biting pain after urination. In old cases of gonorrhœa, those in which there is no reaction. The discharge is creamy. The patient comes like this. You take a picture of his face, you notice the plethora, but also that he has no endurance, plump, flabby, sensitive to cold, red face. He does not react after cold. He has the last drop or a creamy discharge with burning on urination. Capsicum will sometimes stop it suddenly and it will stay away for a long time, until he needs another dose. Coldness of scrotum. Prepuce swollen, dropsical, œdematous. Pain in the prostate gland after gonorrhœa.

Coldness of the affected part. Coldness in patches. Coldness of the whole body.

It is useful in perplexing and troublesome chronic hoarseness. He has had a cold and remedies for the acute condition have been given, perhaps two or three remedies, *Acon.*, *Bry.*, *Hep.*, *Phos.*, but all at once you wake up to the fact of his chronic constitutional state of hoarseness. He is rotund, chilly, red faced, and the hoarseness disappears under Capsicum. It is the same with the cough. After making several blunders you wake up and see it is a Capsicum case and that you have never yet got at the root of the trouble. This shows the importance of getting at the things general first. If there is much acute suffering of course you must give an acute remedy, but if the patient has delayed recovery and convalescence is slow the next shot should be the right one. Sometimes it is *Sulph.*, *Phos.*, *Lyc.*, and sometimes it is Caps. If the patient has a good constitutional state he will get over the cold on the acute remedy, but the old gouty, rheumatic, flabby patients need a constitutional remedy.

Cough in sudden paroxysms, convulsing the whole body. Cries after the cough from the headache. Stitches in the suffering part with the cough. Every cough jars the affected joint. The constitutional state comes first and the particulars must agree, *i. e.*, prescribe according to the totality.

Look over the rheumatic symptoms, the nerve troubles; examine the fever; and apply the two foot rule to it all—that is, the constitution of the patient.

The homœopathic *Materia Medica* is a treatise of substances used in the healing of the sick in accordance with principles laid down in the *Organon*. It is formed, built up and established from provings made upon healthy men. The study of the *Materia Medica* is the study of the symptoms as obtained from the provers and verified as having been cured in the sick. When this process is finally and thoroughly gone through in regard to a remedy, that remedy can be laid aside for future use, as something finished and not to be changed or re-established. We do not need a revision of our *Materia Medica* every ten years. All that has been established by this process will never cease, is never destroyed or thrown away, but goes on, grows and becomes more beautiful.—*Kent*.

DEPARTMENT OF HOMŒOPATHICS.

CLEAN AND RUSTY WEAPONS FROM THE HOMŒOPATHIC ARMORY.

DR. ALEXANDER VILLERS, Dresden, Germany.

Over a century has gone since Homœopathy was first promulgated, and yet we always hear from our adversaries the same objections which were made to the first generation of homœopathicians. For this reason we have the same interest in the answers which our seniors have given, and in the way of their fighting for the new truth, as if these pamphlets were written now. It seems that a very hard lot is always the fate of a new idea, until it forces itself into the brain of men, and every adherent of a new idea has his own way of fighting for his convictions. Not every writer was happy in the selection of his deductions, and so it happens that not everything which was written for Homœopathy really helped her. These weapons in the fight for truth and progress in medical science and therapeutical ability became soon rusty and useless, and yet we may learn from these historical pamphlets, and at any rate they give us a sketch of personalities which belong to us and which very few of us know. Others have fought with weapons of logic, observation, wit and humor, or earnest impressiveness, and we can use these clean weapons even now.

I will bring before the homœopathic public the most original and typical personalities of the great homœopathic army in Germany and their literary work. We can gather from them the weapons for our fight against the obtuseness of our time, and we will be warned not to rely upon those arguments which have not helped us forward.

The winning of the fight lies in the man's heart, but it is hard if he has to fight with a broken sword.

I.

Dr. v. Grauvogl, Therapeutische Gemmen und Folien aus meinem Diarium vom Jahre 1851. Ansbach, 1851. 8vo.

(Therapeutic sketches from my diary, 1851.)

Dr. Grauvogl later made himself very well known by his *Lehrbuch der Homœopathie* (Nurmburg, 1866, 2 vols.), and by his defining certain constitutions which help to find the right remedy. This theme will be treated later.

That our little pamphlet is the first thing he wrote about Homœopathy is almost forgotten, and not to be found in Bradford's *Homœopathic Bibliography*. There are three parts in the the thirty-six pages, viz.: Preface, therapeutical and epicritical part.

For the preface he says, in a very emphatic way, that by his nature he was an enemy of every system of healing and was always on the search for a truth which could be accepted by all kinds of medical men.

"During these tiresome peregrinations I met a guide, whom myself, and unfortunately many others, only knew by name, and from whom I learned how to glide in a miraculous way over dangers which I had thought till then absolutely fatal."

The first case of which he speaks is a broncho-pneumonia in a boy of eighteen months, to which he was called after fourteen days of useless treatment. His predecessor thought of Hydrocephalus, and Grauvogl remembered, when he found the child opisthotonic, that a year before Prof. Horn had published a paper concerning Belladonna and the brain. He mixed half a grain Extr. Aconiti and Belladonnæ in four ounces of water, and gave one teaspoonful every hour. After three hours the child was not livid, like a corpse, but all over the body bright red, like scarlet. Then followed an intoxication from the strong dose of Aconite. He had heard of the homœopathic symptomatology, and the only book he could get was Jahr's *Symptomen Codex*. He made sure of the accordance of the symptoms there recorded for Aconite with the case he had before his eyes, and decided to try now to find the right remedy for the bad case, following Jahr's symptoms. He found Calc. carb. indicated and having none of

the homœopathic preparation he gave *Lapis cancrorum* (concrements in the stomach of the crawfish), 1-24th of half a grain, to be given twice a day. Amelioration followed very quickly, until the second day, when the child was almost dying by fits of choking cough with enormous quantities of mucous expectoration. He found that Jahr gives an action of fifty days to *Calcarea*. He never repeated the dose and the child recovered steadily.

"I cannot remember any case like this one, where every day gave new reasons for amazement. Nothing of my former experiences proved to be right; all the events I saw led me into an absolutely unknown region of action and reaction, to which till then I never had come." In another case, one of *rheumatismus acutus*, he gave *Aconite*, doubting, but making a very good cure. The last case he speaks of made him wish to give *Carbo vegetabilis*, but he doubted yet the possibility of its use. Seeing the patient hastening to death, he prepared the 1c. trituration, and found under his microscope that the little particles of the charcoal were "smaller than the corpusculi of the blood." On this reason he dared to give the medicine. The patient had some benefit till *Carbo v.* symptoms appeared. He had to stop giving the "innocent" *Carbo*, and the case, a typhoid fever, got well in due time.

"But it is the fate of all who live in a certain system and think that they can't live nor die outside of it that they do not care for another one, or rather despise it. . . When they *must* compare the new with the old-fashioned, they become . . . fervent adherents of the new doctrine."

In the epicritical part he begins to doubt. The totality of symptoms could not be the sole indication for the remedy. The charcoal in the third related case had a chemical action, not a dynamic one. *Similia similibus curantur* then is only right when we can find the nervous region which is under the control of the so-called specific medicine. He denies dynamic action, but accepts the small dose.

"Homœopathy leads not only physiology, but also chemistry, to a new ground of investigation. It is finally stated that drugs prepared and diluted after the homœopathic direction, . . . can not be detected by chemical reagents. But the same drugs act clearly on the human body. This is the *organic reagent* . . ."

At the conclusion of his pamphlet he says that Homœopathy was already too one-sided. No physician has the right to neglect her, but he must not forget his knowledge of physiology.

I have reported about this old pamphlet rather explicitly, because it shows why Grauvogl, and like him many others, don't become true and decided homœopaths. They will not understand that not only is Homœopathy different from other methods of curing diseases by the way in which she selects and uses medicines, but that every man who will become a true homœopath must come to a quite different view to that he had before on vitality, unity of the single parts of the organism and the reactivity of distant places to central diseases. The *biological* idea of the living body must prevail. Later times will show what symptoms really mean. We can only study and use them and confess that we do not know what is behind them,

v. Grauvogl wrote more about and for Homœopathy, but what he wrote belongs to those weapons on which you cannot rely in the hot battle for medical truth.

A FEW HOMŒOPATHIC APHORISMS.

G. HOFFMAN PETERS, M.D., Baltimore, Md.

1. The high potentist too often overlooks the superficial, short and quick-acting remedies.
2. Short-acting remedies frequently prevent chronic complications.
3. An acute disease in a sycotic constitution must have *the* indicated remedy, and it should not be repeated too soon; if it is not *the* remedy you will have a kaleidoscopic view of a great many remedies.
4. An oily skin portrays a sycotic base.
5. Thuja will re-develop fig warts which have been suppressed for twenty years or more.
6. Nat. mur. should not be repeated under thirty days; from

the 21st to the 28th day after its administration you will see the finer manifestations of its proving.

8. *Don't* give incurables the indicated remedy.
9. The indicated remedy given high to the incurables is a boon to the undertaker.
10. Sulph. will do house cleaning at any season of the year.
11. All burning soles (I mean of the feet) do not require Sulph., (look it up); nor do all occipital headaches require Sil.
12. All Homœopaths should take and *read* the JOURNAL OF HOMŒOPATHICS.

MADAME HAHNEMANN.

Our frontispiece this month is a reproduction of the portrait of Madame Hahnemann which appeared in the *Leipziger Populaire Zeitschrift für Homöopathie*, July 1, 1893. Frau Johanna Henrietta Leopoldina Hahnemann (*geb.* Küchler) was born in Dessau, June 7, 1762, married to Hahnemann December 1, 1782, and died in Cœthen March 31, 1830.

THE PSYCHICAL TREATMENT OF DISEASE.

In this matter, some men take the same position toward the cures of the so-called "Metaphysical Healers" that our Allopathic brethren do toward homœopathic cures—that is, they deny that they are cures, and that the means employed have anything to do with the recovery. I do not think this position is a fair or judicious one. Cures are undoubtedly performed. I prefer to accept them as facts, and explain them by showing that they, as well as some of the accidental cures made by the Allopaths, are made by the application of the universal healing principle of *Similia*, operating in the mental or psychic sphere.—
DR. STUART CLOSE (*from a letter*).

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL, N. Y., THURSDAY,
JUNE 28TH, 1900.

SECOND DAY—MORNING SESSION, JUNE 29, 1900.

NEW BUSINESS.

Dr. Campbell: I would like to know if there could not be some arrangement in our meetings whereby they would not conflict with other meetings.

Dr. Close: I certainly would like to have the opportunity to go if I wanted to.

Dr. Carleton: Dr. Morgan is getting something ready to fire at us.

Then followed the reading of a suggestion made by Dr. Morgan, as follows: That the next session of the A. H. A. be arranged to meet at some point located on a general trunk line and central; that the meetings last for four days; that the programme of meeting be as follows: Executive business; Homœopathic Philosophy, in connection with which and as a Bureau of Missionary work, a lecture be delivered in the evening, upon that same subject; Clinical Medicine and in connection with that bureau also, a lecture be delivered in the evening upon that same subject. The session to conclude with a social gathering in the evening on the last day. It was also suggested that the meetings be so arranged that they shall not conflict with the meetings of other Homœopathic Associations.

Dr. Loos: I would add to that, that the programme be definitely arranged and be made known to the members.

Dr. Morgan: I think it would be well to desire the Executive Committee to publish the programme within the next six months.

Dr. Carleton: I have one little suggestion to make, and it is this: that the Chairman of the Bureau of Philosophy and Bureau of Clinical Medicine be appointed before this meeting breaks up, and that they be hammering away at the members until they know what they are going to do.

Dr. Close: I must call attention to the By-laws, that the Chairmen are at present appointed by the Executive Board; until our By-laws are amended, which cannot be until next year, the matter of the appointing of chairmen must remain in the hands of the Executive Board.

Dr. Campbell: Maybe Dr. Carlton does not know that it has been suggested that there be a president.

The proposed amendments to the By-laws were then read.

It was moved and seconded to submit the above schedule of the order of business to the Executive Board; motion carried.

Chairman: Any more definite suggestion as to place of meeting?

Dr. Carleton: Now, in order to bring the thing quickly and sharply before you, I will say that Dr. Morgan suggested the Oriental Hotel, Manhattan Beach, as a place of meeting. I make a motion, therefore, that the Oriental Hotel be suggested as a name with which to make comparisons; I also add Atlantic City and Niagara Falls as a nucleus to work ou. Motion seconded and carried.

BUREAU OF CLINICAL MEDICINE.

EDMUND CARLETON, M. D., Chairman.

THREE CLINICAL CASES.

BY STUART CLOSE M. D., Brooklyn, N. Y.

1900.

Mrs. F. G. P. Age 45.

Mar. 29.

R *Merc.* 1m.

Nervous temperament, dull complexion. Chronic constipation since childhood. Never has a natural stool. Has gone as long as three weeks without stool

when ceased taking cathartics. Has used all cathartics and enemas. An enema will be retained three to four hours, causing much pain and urging, before the bowel is evacuated.

Her general health is excellent, and she leads a simple and normal life, much out of doors. During the last three years she has reduced her weight from 192 pounds to 142 pounds (about her normal weight) by judicious exercise and diet, but the state of her bowels is the plague of her existence. She worries about it, and it occupies a great deal of her attention. She has one living child, and has had three miscarriages, the first caused by being frightened by a dog which attacked her. She is now undergoing the climacteric. She is timid and nervous, fears dogs, tramps, darkness.

Easily startled. Fright causes nausea and faintness.

Fears that someone will come up behind her in the darkness and put hands upon her.

Her appetite is large, but she denies herself many things. Desires sweets which make her deathly sick—nauseated; meat; coffee, of which she uses very much.

Aversion to sour things. Offensive breath. Coated tongue.

Flatulence and distension of abdomen after eating; must loosen clothes; sharp cutting pains in right hypochondrium, and in region of the caecum.

Stitches upward in rectum; itching about the anus.

Frequent ineffectual urging to stool.

Rectum feels paralyzed when she makes effort at stool, which she does several times a day, unless she takes a cathartic and evacuates bowel thoroughly.

Cold at night in bed; feet cold,—wears slippers in bed; spine cold—"backbone feels like a cold bar of iron;" relieved only by direct heat—not by clothing; "must get her back up against her husband, or have hot water bottles "

By the synthetic method the general symptoms were arranged in the following order for comparison and

differentiation: 1. Coldness of the spine; 2. Inactivity of rectum. 3. Ineffectual urging to stool. 4. < from sweets. 5. Desire for meat. 6. Easily startled. Mercury being the only remedy that covers this group, it was given on March 29, 1900, in the 1m potency, one dose.

This was allowed to act without interruption nearly three weeks, during which time there was some improvement. The bowels moved occasionally though insufficiently, there was less flatulency and better digestion. Improvement ceased, and the case was studied again by the same method and Thuja 45m, one dose, was given on April 18, 1900.

1900.

Apr. 18.

R *Thuja* $\frac{45}{1}$.

Thuja appeared to aggravate the case, especially in its mental and nervous features, but it brought the final remedy clearly into view. The patient became so nervous and hysterical from the constant urging to stool that I was compelled to seek another remedy to quell the disturbance. She was anxious, and frightened at everything. There was frequent, sudden, spasmodic urging to stool with the conviction each time that "*this* time I shall succeed," only to find each time that as soon as she sat down at stool the urging would cease and she could pass nothing, but a sore, aching pain in the rectum would remain. Reviewing the case a third time on April 23, I gave Ignatia 200 in repeated doses.

1900.

Apr. 23.

R *Ign.* $\frac{200}{12}$.

Improvement began at once. All nervous agitation quickly passed away, the spasmodic urging ceased, there was a spontaneous evacuation of the bowels during the first day of the remedy's action, which was repeated two or three days later, and soon she was having a daily normal stool.

June 20, 1900, she wrote as follows: "I am feeling perfectly well. There has been a daily action of the bowels for about five weeks. I think possibly there may be a little trouble in the rectum. I hardly know how to express it, but there seems to be a lack of power to expel. The excrement is natural in color and has the proper consistency. It shows that the food is well digested. Believe me, I am very grateful for what you have done for me. It seems as though a miracle had been performed. I had expected to continue daily pills and enemas for the rest of my life. I have not taken an enema since the ninth of May."

1899.

Dec. 1.

R. Arnica $\frac{200}{17}$.

W. E. M., clerk; age, 25; single.

History: During past six months has had business anxieties and overwork. Became much depressed mentally and weak physically. Stopped smoking and took exercise, but felt no better, though his circumstances became favorable and he was relieved of anxiety. About November 1st had a rash on body which lasted about a week and disappeared, leaving brown spots which lasted some time longer. The rash was without any particular sensation and was accompanied by fever. For this he took Beechman's pills. Later he contracted a cold with sore throat and cough. He sprayed his throat with Listerine and took five grain doses of quinine twice daily for a week—about seventy grains in all. Shortly after his heart began to trouble him grew rapidly worse.

Status præsens.

Cardiac anguish and palpitation.

Heart action *jerking*—first sound exaggerated and lengthened, second sound short and faint, rhythm irregular.

Heart action intermittent; sensation as if stopped; worse after meals; better during exercise.

Much anxiety and mental depression, with fear of death.

Feels tired, "dopey," wants to lie down.

Here was an excellent opportunity to test the "antidotal treatment." Tobacco smoke, Beecham's Pills, Listerine, and Quinine, all in the D. M. M. potency or higher might have been given—but they were not! Instead, *Arnica*³⁰⁰, twelve powders, was given, to be taken dry, three times a day.

Four days later the patient reported that the powders were gone and also that all the symptoms were gone, and that he felt perfectly well and happy. There has been no return. I might add that in addition to the *Arnica* the patient was given a lecture upon the evils of Quinine, which he appeared to appreciate.

1899.
Dec. 28.
R. S. I.

G. B., age 24, clerk.

Chronic gonorrhœa of about a year's duration. Was treated first unsuccessfully by a homœopathic physician in Chicago. Later, the case passed through the hands of two allopathic physicians who exhausted the resources of "Old Physic" and up-to-date science in a vain attempt to suppress the discharge. The discharge nearly ceased several times under the influence of injections, but would not "stay put." It is now flowing on merrily.

Discharge yellowish, or milky white staining yellow.

Discharge offensive in odor.

Sudden urging to urinate, with difficulty in retaining urine.

Frequent urination—eight to nine times during day; must rise two or three times at night.

Pain and burning in urethra, near the end, before and during urination.

Urine dark reddish, with muco-purulent sediment.

Urine turbid when passed.

Eruption on temples near edge of hair every few weeks.

Crack in middle of lower lip.

1899.

Dec. 29.

R *Sulph. c.m.*

I did not have time to finish the examination the first time. Gave *Sac. lac* and made appointment for next day.

He reported that at 10 A. M. a headache had come on. Pain over right eye, and in the eye, accompanied by chills and nausea, with hoarseness and sore throat.

During the day the hoarseness had increased to complete aphonia, and he spoke in a husky whisper. H stated that he had been subject to such attacks frequently.

Hoarseness < in open air < cold air, < talking.

Chills run up and down back.

Easy perspiration; can't wear heavy clothes, which oppress him.

Nausea < by smell of cooking and odors in general.

Talking fatigues him greatly.

Sulphur c.m., Fincke, one dose, was given.

1899.

Dec. 30.

R *Sac. lac.*

The next day he reported, using his natural voice, the hoarseness having disappeared within twenty-four hours. He did not remember ever having it disappear in less than a week or ten days before.

1900.

Jan. 4.

R *S. l.*

Stitches running whole length of urethra to perineum, toward the rectum, during micturition.

Sleeps well; not obliged to rise at night to urinate.

Discharge from urethra still profuse, but not offensive.

1900.

Jan. 10.

R *S. l.*

Snapping and cracking in right knee on rising from sitting.

Numbness, stiffness and weakness of right knee, on rising after sitting; the knee "gives way."

(This knee was injured when he was a boy, but had not troubled him since.)

Eruption on left temple near edge of hair is now active.

1900.

Jan. 19.

R *S. l.*

Discharge profuse yellow, < walking.

Glans penis excoriated, denuded, sore and inflamed for several days.

1900.

Feb. 2.

R *Nit. ac.* 45 m.

Discharge slightly less.

Lower lips cracked. *Corners of mouth ulcerated.*

Sudden urging to urinate.

Burning and stitches in urethra during micturition.

Eruption edge of hair.

As new symptoms had ceased to appear and the case seemed complete, a careful review and study was made and *Nitric acid* was selected and given. Marked improvement followed for about ten days. Then the discharge began to increase and became fetid again, the pain and burning in urethra returned, but was now worse before urinating.

1900.

Feb. 19.

R *Puls.* $\frac{200}{12}$.

Left-sided headache, supraorbital and temporal regions.

On Feb. 19th I gave him twelve powders of *Puls.* ³⁰⁰, to be taken twice daily. From this time onward he improved steadily without further medicine for about two months. The discharge entirely ceased.

1900.

May 5.

R *Sil.* $\frac{1^m}{8}$.

On May 5th he appeared with a swelling on the back of

his neck which looked as if a carbuncle was forming. The swelling was about three-eighths of an inch thick, raised in the centre, about two inches in circumference, hard, but not very sensitive or painful. It was bluish in color.

During the past few days there had been a slight return of the urethral discharge.

Has a profuse perspiration of the feet, becoming quickly offensive, if great care is not exercised and stockings changed daily. (This was an old symptom, but had been overlooked by both patient and physician until now.)

Silicea 1m., three doses, six hours apart, was given.

The swelling on back of neck became very sore and painful the next day, and remained so for two days, but did not suppurate. It then began to decrease and was all gone in a few days. The urethral discharge also ceased, and he remains well until the present time.

DISCUSSIONS.

Chairman: In the first place, doctor, did Ignatia come into the study very closely in the early part.

Dr. Close: Yes.

Chairman: I often wonder in such cases, had the indicated remedy been given first, if the result would have been the same.

Dr. Close: I do not believe it, for many times, until I learned better, I have given the remedy that seemed to correspond to the particular symptoms, but which did not correspond to the general features, and have had no success whatever. In cases of this kind I now always study the general features, the general characteristics first, as a basis for the selection of the remedy. I administer the "constitutional remedy" first. Afterwards, if the symptoms appear to call for it, I administer the more superficially acting or "acute" remedy.

Chairman: Now, in the third case, the acute remedy seemed to lead, that is, the Pulsatilla being followed in the natural sequence by its chronic.

Dr. Close: I think the third case might have been improved upon. The result in this instance, however, is the same.

Dr. Campbeil: Being only a human machine, you cannot expect us to jump right into perfection. I do not exactly fancy your working up to the similimum; of course you are all right to do it, but the mental symptoms have to be taken into consideration first. Ignatia has those rectal symptoms; whether Ignatia would have subdued them all, we never shall know.

Dr. Close: My experience goes to show that without the preceding Mercury and Thuja (and Thuja follows Mercury usually), Ignatia would have had little or no effect. This case would have been only palliated until the deeper features, the general features of the case had been covered by the more deeply acting remedies.

Dr. Morgan: My experience in just such complicated cases had been exactly the same, that there must be some preparation; at least I have to make some preparation by a deep acting general remedy before I can get down to the similimum. I have often observed that I have had to give an antidote, even if I commenced with what ultimately proved to be the curative remedy, as it would not take hold until other preparation had been made.

Dr. Campbell (addressing Dr. Close:) But you did not reach the most vital symptoms; you only palliated the superficial symptoms, but the mental symptoms remained from beginning to end until you gave the last remedy.

Dr. J. Campbell: How did Nat. mur. figure out in the third case in the study of the symptoms.

Dr. Close: I do not recall now; I worked it out with the repertory. Dr. Loos, will you criticise that point.

Dr. Loos: Probably all the stuff she had been taking had had its effect upon the system, and this effect had to be wiped out as well as the effect of the fright. This fact has come to me many times in studying such cases. It seems as if there were a good deal of added trouble to the original grievance which complicates the case, and not only hides the remedy needed, but also brings out symptoms which have to be wiped out first.

Dr. Close: In regard to the use of the generals first and specials after?

Dr. Loos: It occurred to me when you were giving the order

ou used in working out the case that you had taken some of the superficial symptoms.

Dr. Close: I included them in differentiating; "coldness of the spine," etc.

Dr. Campbell: Did you not include craving for meat?"

Dr. Loos: We find the most satisfactory work, and are able to shorten our work very quickly, by using the generals first. The more I work out cases and the more I study them the more I feel like flogging myself that I should have ever neglected to study out the generals.

Chairman: Dr. Loos, in comparing this third case with the first one, would you have given Pulsatilla where the doctor did, or would you naturally have given Silica? I think we ought to be able to look over these cases and formulate some rule of practice that is going to be of future service to us. These two cases are worked out from opposite standpoints, the first one with the idea of giving the deep acting characteristic remedy first, while in the third the deep acting remedy was given last.

Dr. Close: Sulphur was the first prescription, then Nitric acid, then Pulsatilla, then Silica; four remedies used in that case.

Chairman: It is a question, is it not, how much the first remedies did in that case?

Dr. Loos: It is always a question as to what the other remedies have done in a case.

Dr. Close: In each instance, the following remedy was not given until, to the best of my judgment, the first one had ceased its action; I did not give Nitric acid until the old symptoms had ceased reappearing and improvement in the case had ceased, then I gave Nitric acid before the Pulsatilla picture became so evident to me.

Dr. Carleton: I think it is well for us to remember that with our present knowledge of the *Materia Medica* there are many cases that cannot be cured with one remedy; I have always admired the prevision of those old men who have said the next remedy will be so and so, and the next so and so.

Chairman: May we not say that there are many deep chronic cases that cannot be cured with one remedy?

Dr. Carleton: I think that it was in the use of his *Concordance* that Boëninghausen got in his finest work.

Dr. Close: When you generalize your case, and work it out with Boenninghausen, you will often find at the close of your study that you have three or four remedies, perhaps in different degrees of similarity. Is not that group the basis of the provision of the older men? The one having the highest value, or being most clearly indicated now, will probably be followed by the one of next highest value. How is that, Dr. Loos?

Dr. Loos: In working out cases under Dr. Kent's direction you realize that he sees it in just that way; he will see the remedy that the patient is going to need, and yet he will point out, and you will be able to see, that the symptoms present now call for such and such a remedy. For instance, the patient will need Silica before he is well, but just now he needs Pulsatilla which leads up to Silica.

Dr. Morgan: I am glad to hear that; I could not tell how I learned that.

Dr. Campbell: That is on the principle, I suppose, of "sufficient unto the day is the evil thereof." If you have general symptoms and then the patients give you special symptoms?

Dr. Close: Your selection between the general remedies will be governed by the last part of the synthesis, by the special symptoms; you will distinguish, for instance, between Sulphur and Mercury by referring to your list of special symptoms.

Dr. Loos: Of course the remedy which has all the generals and particulars is the remedy your patient needs.

Dr. Close: And when that has been given and allowed to operate upon the case a review of the case will bring forward the next remedy.

Dr. Morgan: Dr. Loos, shall we consider as a reason for this process that nearly all chronic cases are the result of suppressed acute cases of long standing, and that these acute cases that are there and suppressed must be taken up in a reverse direction, going back one by one until we get back to the beginning.

Dr. Loos: I cannot tell you about that now. Chronic and acute cases are different in their course.

Dr. Morgan: I have always noticed in developing suppressed diseases that they come back over the course in which they were suppressed; the last one suppressed comes first and the first one comes last.

Dr. Loos: There is one thing you always find in working cases backward curatively, that after they have been worked out three or four times the later workings are always very much simpler than the first.

Dr. Campbell: Let a case come to you with *Calcaria* sweat back of the neck and head, and yet with acute symptoms incorporated upon it; you must get rid of the acute symptoms before you can get down to the deeper remedy. Now-a-days I get to where I let the sweat alone.

Dr. Loos: I have had a case like that recently, a clear *Silica* case where the glands of the groin were involved and suppurating, but there was not a very marked constitutional disturbance. It was in a little boy who had been put on *Silica* in the spring; his general health improved at once, the local condition improved of course slowly and a *Silica* sweat came out, a profuse night sweat, which was let alone because he was improving; in time that also improved.

TWO HEPAR CASES.

F. E. GLADWIN, M. D., Philadelphia, Pa.

Each of the two following cases shows a picture in *Hepar* life that I have not seen elsewhere.

The case of ecchymosis had been presented at the clinics of the two most prominent Homœopathic Hospitals in Philadelphia, and in both instances the clinician called in the other physicians in the building and held a discussion in regard to the diagnosis of the case. The child did not improve in either instance, therefore I concluded they were not familiar with this image of *Hepar* also.

1899. Alba H. E.; age, 5 years.

Oct. 7. Ecchymosed spots upon legs since vaccination, five weeks ago; at first they came below the knee only, but now they have appeared above the knee, and upon the hands.

Child seems well all day until 5 P. M., when suddenly there comes upon the leg a swollen spot, about six inches long and

three inches wide, which itches, and is sore to touch. During attack, child walks bent. with hands resting upon knees, seems sick all over, and soon gives up and goes to bed. She is restless at night, and cries out in sleep. In the morning several ecchymosed spots, varying in size from one-eighth of an inch to an inch in diameter, have appeared upon the site of the swelling, after which the child seems better again until the next attack. The ecchymosed spots remain three or four days, then fade away. The child received Hepar 55m.

Dec. 28. Only one attack after medicine until now, when the spots are beginning to return. She received another dose of Hepar 55m and there has been no return since.

Mr. K.; age, 35 years.

While in my office one evening in February, 1900, for medicine for herself, Mrs. K. remarked that she was much worried about her husband, who would have to undergo an operation. As Mr. K. was a patient of mine, I thought to save myself future trouble I had better investigate the case at once.

My "tell me about it" brought out the fact that a cavity in a tooth had been filled; the tooth had never ached till the night following the operation. The patient supposed all newly filled teeth ached, so endured it, but the next night the pain was more severe. Therefore, upon the following morning, he went to the dentist, who examined the tooth, but could find nothing wrong, and asked him to try it another day; that night the pain was worse, and the next morning found him again at the dentist's, who again examined the filling and again asked him to wait another day as he could find nothing wrong. That night the patient was furious with the pain! The next morning he again visited the dentist; this time he insisted that the filling be removed, wrong or right. The filling seemed all right, but as soon as it was removed the pain ceased. The pain was at all times ameliorated by warm applications. In a few days a hard lump appeared upon the jaw, which grew to the size of a shell-bark. It seemed to be fastened to the bone, but was free from the skin; it was sore to the touch, and wherever touched a pain shot from it up into the tooth.

Again he visited the dentist, who made an examination and informed him that it was a bony tumor, and nothing could be done for it excepting an operation. I told Mrs. K. that if that was true we would perform the operation with sugar pills, and sent Hepar 55m.

In a week's time, she reported "tumor" smaller, but toothache had returned. I told her that if Mr. K. would have a little patience, the medicine which brought the pain back would cure it. Next report showed tumor and toothache all gone. There has been no return of either since, but Mr. K.'s astonishment that sugar pills in the stomach could cure "a bony tumor on the jaw" hasn't in the least abated, and every customer that dares complain of any physical ill in his store has to listen to the wonder of it.

A PROVING OF ERGOT.

F. E. GLADWIN, M. D., Philadelphia, Pa.

May 5, 1895, Mrs. B., a large, light-complexioned Swiss, took ergot with suicidal intent.

For the first few days there was a passive, uterine hemorrhage, with intense burning in the abdomen, after which the hemorrhages became profuse, were bright red, came in gushes, were worse from motion and were hot like steaming hot water; a cessation of the hemorrhage for a few hours was followed by large, dark clots and hemorrhage again the next day. Since then menses have delayed from three weeks to three months, and when they did appear were very profuse, like hemorrhages.

For a long time after the first hemorrhages had ceased there continued an olive green leucorrhœa which left a stain upon the clothing which looked, after washing, like indelible ink

Shortly after taking the Ergot she had what she called weak spells, which lasted for an hour and a half to two hours. They came suddenly, with the sensation as though the heart stopped beating and there was something heavy in the chest; then followed roaring in head, dimness of vision, "ears shut up," and

rapid, oppressed breathing. All through the spell fingers were spread wide apart and partly flexed; there were cramps in the feet, numbness and stiffness all over, coldness, could not swallow, felt as though something had closed in the throat; she was conscious, and thought herself dying. The spell ended with violent nausea and vomiting, which started a profuse hemorrhage followed by labor pains. During the spell a circle, the circumference of which began at the wing of the nose on one side and extended around under the chin to opposite wing, was dead white, with a greenish tint; the lips were pale; a line one-sixteenth of an inch wide along the outer edge of vermilion border was dead white. These spells occurred frequently, the cramps becoming more marked until, on May 13th, eight days after taking the Ergot, the patient recognized them as spasms.

The spasms began with chilliness, then yawning, tingling in fingers, nausea, jaws locked so firmly that teeth upon upper jaw overlapped nearly to gums upon lower jaw, an impossibility at other times. A piece of the front tooth was broken off. The fingers were clenched, feet drawn under; sensation of hard pressure in suprasternal fossa; numbness all over. Spasms were tonic throughout. She lay on the floor rigid, was perfectly conscious through it all, knew her husband thought her dead, and she feared they would bury her alive; wondered why her teeth didn't ache, as they were at other times very sensitive. She tried to speak but could not, she tried to move but could not. Spasm lasted a half hour, after which she complained of being very tired. A half hour after spasm teeth began to ache. During spasm face was pale, with blueness about the mouth. She explained that it felt as though someone were pulling the strings in her just as she had seen her little boy pull the strings in a chicken's claw.

Spasms became less general, had them frequently in hands and arms, or feet, legs and hips, beginning in feet and going up. As they became less general, spasms in uterus became more marked; exertion like a long walk would bring a general spasm again. Even yet she complains of frequent numbness in arms and fingers, and cramps in fingers.

A few hours after first general spasm she had an attack of nose-bleed; blood was bright red, profuse, hot; she said it came so fast

that it went down her throat, and kept coming up a long time afterward. Internal burning was a marked symptom—" Burning on the inside, would like to put ice in, but icy coldness on the outside;" goose flesh, cold perspiration on scalp; felt as though hair was standing up; wrapped up and sat with feet in oven, but could not get warm externally, though felt as if she was burning up internally.

Sleepless and restless at night; sensation of pins and needles sticking into her; couldn't lie in bed because it was so soft it jarred if she moved and jarring caused pain. She went from bed to floor, then to chair, then to floor in next room, then sat on stairs, then went back to floor of her own room, then down stairs; could not keep still. Restlessness has been marked all through the provings.

Nausea for six days after the Ergot; could retain nothing eaten; even water came up at once; much soreness in abdomen, with sensation of pins and needles pressing outward.

Skin flushed; if scratches ever so lightly every finger-mark turns slowly white; in a minute or two it turns greenish-white; in ten or fifteen minutes flush returns.

Face changes color, red, blue, white, spotted red and white. Patient became much emaciated everywhere except abdomen, which remained very large.

A year after taking the Ergot menses delayed seven weeks, when she discharged a sac about the size of a bantam's egg, which contained only a watery fluid; at that time had a profuse, offensive, dark flow, with clots.

Two years after the Ergot she gave birth to a boy. A month before the birth violent labor pains set in; could hardly bear them they were so severe, especially in the sacral region; the membrane ruptured, and a quantity of amniotic fluid escaped, so that the abdomen decreased very much in size; the fluid escaped with every pain; os slightly dilated. Patient remained in bed two days, when the pains had entirely ceased excepting a throbbing in sacral region. She went about her work again. Abdomen steadily increased in size until it became very much distended. In a month labor pains again began. They came on in the afternoon and lasted until 3 A. M., then ceased, returned at 11 A. M.,

violent and frequent; seemed more like spasms than labor pains; after a while grew less frequent and less severe. Examination showed os completely dilated and membranes protruding. On account of the great distension of the uterus, I ruptured the membranes, when the pains became stronger and more frequent for awhile; at about 4 P. M., they ceased entirely. I then introduced the forceps and took the child, a good sized boy, measuring seventeen inches around the shoulders. He was so nearly dead that it took twenty minutes by the watch to induce him to breathe, and it was ten minutes longer before he made any kind of a sound. The placenta came with a pain; flow was profuse but no hemorrhage, and the patient made an ordinarily rapid recovery.

Three years after the Ergot the patient had what seemed to be an attack of cholera morbus. There was burning. The attack came suddenly, great prostration, rapid emaciation, anxious expression on face, eyes sunken; restlessness; great thirst, but a drink of water came up as soon as it was down; worse at night, and pain with stool. She improved slowly upon Ars. until I found her one day with coverings pulled up to knees and her feet pressed against the iron bedstead. She apologized, saying they felt so burning hot she had to put them upon something cold. Examination showed the feet and legs to be icy cold. Then I remembered that she had had a similar attack about a month after taking the Ergot. I gave *Secale m.* and a marked and rapid improvement followed.

She used to be a *Pulsatilla* patient, but since the Ergot she has developed a most violent temper; at times she becomes furiously angry at the merest trifle, wants to swear. Her temper frightens herself; she fears she will injure some one in them.

Has spells of great restlessness and anguish at night; sees people in the room, scolds them, says they are the cause of all her trouble; goes to them to shake them and then discovers no one is there; she walks the floor; there is great tingling of arms and fingers; picks up sewing-machine and walks around the room with it because she must have something pulling upon her arms; she cannot keep still, much less stay in bed. Something tells her to take her little boy and go to the cemetery and kill him and then kill herself; she argues with herself that it would be wrong, but

the other voice tells her she must do it. During the argument it seems to her that to kill herself and child would be the right thing to do. With the daylight, these mental symptoms disappear, and then she is depressed and worried for fear she will kill her child in some of the spells; fears she will become insane; says I would pity her if I could only know how real those things are in those spells and how awful they are.

This last winter she had an abortion of two months; took cold, suppressed the flow, and had puerperal fever, during which many of her old Ergot symptoms reappeared.

The baby born two years after the Ergot is a fat, rugged-looking little fellow, but is quickly prostrated when ill; he has dilated pupils; jerking of muscles in sleep; starts at sudden or loud sounds. When sick is always taken suddenly, has burning fever and usually bright red cheeks; starts out of sleep and cries out as though frightened. When teething had tonic spasms, which closely resembled his mother's. One night, when about eight months old, had an attack of metallic, mirthless laughter, which lasted half an hour continuously, and sounded like an adult laugh. It left the baby much prostrated; it was a week before he was himself again. When a year and a half old he had an attack of diarrhoea; stool was offensive, excoriating, worse at night; great restlessness; thirst, drinks a swallow or two, but it comes up immediately; anxious expression on the face. Sent Ars. at midnight and saw him twelve hours afterward. Stools had ceased since the medicine. He had emaciated during the night; was pale, had dark rings around the eyes, anxious expression upon the face even when asleep, and the skin was cold. There was great restlessness; could not keep still a minute; his mother was walking the floor with him, and he was constantly changing his position in her arms; he would put his head upon one of her shoulders, then upon the other; then back again; then he would lie down in her arms, then up again with his head on her shoulder; not still a minute in any place if awake. He was so exhausted that he would fall asleep only to waken in about two minutes and go through it all again. His mother said he had been like that since the night before. His hands were blue and looked as though they had been soaked in indigo water.

Gave Secale m. He soon was asleep and slept ten minutes, wakened, asked for a drink, which he retained; slept again a half hour; the anxious expression left the face and he made rapid recovery.

In going over these cases we find that the symptoms come suddenly; there are sudden fevers, sudden attacks of spasms, sudden hemorrhages; patient is worse at night; worse from a jar. We find constrictions and we find tonic spasms of the flexor muscles. There is great internal burning with external coldness.

Ergot, as brought out in these cases, reminds us very much of Bell. in the character of the symptoms, and in the fact that the groups of symptoms come suddenly, but it has a much slower pace than Bell. The patient had taken Ergot three days before ill enough to send for the doctor. In Bell. we find a well person suddenly sick; in Ergot we find a sick person in whom the groups of symptoms come suddenly.

The nausea and vomiting with the uterine hemorrhage was just as pronounced as Ip., but the hemorrhage itself was more like Bell.

Ergot reminds us of Ars. in the restlessness, anxiety, nightly aggravation and burning fever, but its fever comes suddenly. Like Ars., it has the burning thirst and takes small drinks of water, which are immediately ejected. It has the internal burning, but Ergot has external icy coldness with the burning, and wants to put its cold feet upon cold things to cool off. In Ergot the spasms are tonic and much more marked than in Ars.

DISCUSSION.

Dr. Campbell: That is a valuable paper and a grand proving.

Dr. Loos: I have heard that case several times and I have always wished it was in our books for reference.

Dr. Morgan: The child being so affected always was an interesting part of it.

Dr. Gladwin: The child always appeared to be a Belladonna child, but always had to have Secale. Another thing I noticed with the remedy was that when she first took it she had such crude symptoms, but later as the remedy was wearing away the mental symptoms appeared.

Dr. Campbell: How did you dare to let her alone so long?

Dr. Gladwin: I had tried to antidote it but was not successful.

Dr. Campbell: It corroborates the symptoms of a patient of mine, mortification of the entire legs; the condition came on suddenly with severe vomiting and involuntary stool and with anxious face. It transformed the disposition of that patient from a mild woman to one most excitable.

Dr. Carleton: A great long series of questions occurred to me, which I almost fear to fire at the doctor. What was the temper of this woman before the catastrophe?

Dr. Gladwin: She was a Pulsatilla patient; seven or eight months before that she had had a little daughter; had had many miscarriages; never a living child until this one. She had engaged a midwife to take care of her during confinement, but when sent for the midwife would not come, and when I saw her she had been having labor pains for two days; the pains were becoming weaker and weaker and at longer intervals, and dilatation had hardly commenced; she was all tired out and crying; I gave her a dose of Pulsatilla, which started the pains up; there was rapid dilatation and the child was born without any trouble at all. That was about seven months before the taking of the Ergot.

Dr. Carleton: How old a woman was she? Do you think she wanted these miscarriages?

Dr. Gladwin: I did not think so, because I thought the miscarriages due to a syctic history; the little girl had ophthalmia neonatorum.

Dr. Carleton: Did you know the husband; do you think the husband wanted children?

Dr. Gladwin: I think they both wanted children, because they had adopted a little boy; they seemed to have a strong affection for the adopted boy and the little girl.

Dr. Carleton: She drank her Ergot in a cup of coffee?

Dr. Gladwin: Yes; she had had a little trouble with her husband and took the Ergot in a fit of despondency which followed; and, oh yes, I forgot to mention it, she thought she was about five months pregnant; examination showed the uterus about two inches within the vagina; it had that conical shape you find in a normal uterus, but after she had taken the Ergot and the symp-

toms came out the uterus assumed that rounded shape that we find in a gravid uterus.

Dr. Carleton: Did you have an opportunity of examining a few drops of the Ergot?

Dr. Gladwin: I saw the bottle; seven months before it had been ordered by the midwife.

Dr. Carleton: Did you taste or smell to see if Ergot was there?

Dr. Gladwin: The bottle was labeled Ergot. I never taste or smell of any drug if I can help it.

Dr. Carleton: The Ergot had stood there all those months? Was it the ordinary tincture of Ergot?

Chairman: The fluid extract is usually used.

Dr. Carleton: What quantity was there in the bottle?

Dr. Gladwin: I do not think the woman knew how much there was. As I remember it it was a two ounce bottle, none had been taken from it previously.

Dr. Carleton: She drank this in a cup of coffee; how could she get it all in a coffee cup?

Dr. Gladwin: The woman said she put it all in.

Dr. Carleton: I have one woman that attempted to frighten her husband terribly and did something similar to that, and I discovered in the spittoon nearby most of the offending drug. All the same she had an emetic and had to vomit. Now the question arises, where that Ergot was bought? Another thing, was there no action upon the blood vessels?

Dr. Gladwin: Not unless you could call that flushing of the skin a vascular effect.

Dr. Close: And the hæmorrhages.

Dr. Gladwin: Yes, the hæmorrhages. The violent symptoms did not appear in this case until three days after she had taken the drug, and she didn't confess what she had done until two days later. She was ashamed to tell.

Dr. Carleton: In the course of your management of the case, you did not give her any Ignatia?

Dr. Gladwin: No, sir. It did not look to me like an Ignatia picture.

Dr. Carleton: An Old School physician, one of the real old school type, will give a teaspoonful, and in acute cases a tablespoonful of Ergot, will he not?

Dr. Morgan: I have myself given a full teaspoonful of Ergot.

Chairman: It is routine practice in the Dublin Hospital to give an ounce, I think, after every case, except the primiparæ.

Dr. Carleton: And if you have a hæmorrhage, you get a tumblerfull in time.

Dr. Morgan: There is one thought that calls forth an observation with me. I noticed that early in the case Ergot appeared to be the remedy that was indicated, a peculiar fact that might be construed as an argument in favor of the susceptibility to Ergot from the beginning.

Dr. Gladwin: I do not know very much about Ergot, and I have often wondered if that amount of Ergot was sufficient to poison one who was not susceptible to it. We know that if a Rhus. tox. person, or any remedy person, takes his particular remedy, or comes in contact with it, he will take up a proving of that remedy.

Dr. Morgan: It is my opinion that another patient might have taken that without even feeling any effect from it, but this woman was susceptible, and her child was susceptible, too, to Secale, so she was badly poisoned from a small dose.

Dr. Close: The crude was diluted to a considerable extent by the hot coffee, and its activity as a proving agent increased by that means.

Dr. Gladwin: She did not get any real constitutional effect from it until several days after taking it.

Chairman: Did you use a high potency of Secale? Say, within the first two or three weeks, perhaps?

Dr. Gladwin: No; I did not give Secale for some time, but she improved each time she did receive it.

Dr. Close: It would be interesting to know what a dose of Secale high, in the early stages, would have done.

Chairman: I have had similar experience, though not so severe. A woman took an amount of Ergot, probably one or two ounces, for the purpose of producing a miscarriage; she brought on a miscarriage and also severe constitutional symptoms. I gave Secale high as soon as I found out what had been done; she responded immediately and made a most excellent recovery, thereby clearing up some constitutional symptoms which had been present before.

Dr. Loos: Dr. Carleton, you spoke of the drug not being good for a while. Has old Secale ever been proved?

Dr. Carleton: I doubt if it has; it is a well known fact that it deteriorates rapidly.

Dr. Loos: You do not get the crude symptoms, but would you get the finer symptoms?

Dr. Carleton: I should reason that way.

Dr. Campbell: Dr. Gladwin, have you compared your symptoms with the symptoms in the *Materia Medica*?

Dr. Gladwin: Quite a number of the symptoms there are not in the *Materia Medica*; I am still watching the case.

Dr. Campbell: Let us hear further from it then.

Dr. Gladwin: It seems to me, as I have gone over the case, that Belladonna, Arsenicum and Ipecacuanha ought to be antidotes to Ergot.

Dr. Carleton: Yet Belladonna acts on one set of muscular fibres and Ergot on the other.

Dr. Campbell: You want to notice the mental state of the child.

Dr. Gladwin: He is excitable and strikes at the other children; hurts the dog and cat for the pleasure of it.

Dr. Campbell: You will balance your treatment between Belladonna and Ergot in that child, I expect.

Dr. Gladwin: Belladonna often controls his little acute attacks, would that not mean that Ergot is a chronic of Belladonna?

Dr. Carleton: I must confess I am a little skeptical about that proving.

Dr. Gladwin: How would you account for it?

Dr. Carleton: I think a good talk with her husband, and a little mental suggestion, would have straightened her out.

Dr. Gladwin: The misunderstanding with her husband was soon corrected, yet she did not improve.

I must still hold this to be a Secale picture. The patient knew nothing of the pace nor the symptoms of Secale, yet the pace of her sickness and many of the symptoms agree with the proving found in the *Materia Medica*.

The *Materia Medica* does not describe a Secale uterine hemorrhage as bright red, sudden, profuse, hot, yet I have seen this

verified at the bedside on several occasions. The awful restlessness and the sudden burning fevers have also been verified, yet you will not find them mentioned in the *Materia Medica*.

Dr. J. Campbell: Where did you notice the subjective sensation of constriction?

Dr. Gladwin: Around the throat, "a feeling as if the throat would shut up." Also about chest.

A STUDY IN ESSENTIALS.

By W. A. YINGLING, M. D., Emporia, Kansas, President Homœopathic Medical Society of the State of Kansas.

The teachings of no book have an importance to the practitioner of the Law of Similitude equal to the "Organon of the Healing Art" written by the originator and founder of the system of medicine known as Homœopathy. An essential may be of greater or less importance. That without which other essentials would be useless is of the utmost essentiality; it is a *sine qua non*. The principles enunciated in the *Organon* are basic, are of the utmost essentiality, because a knowledge of them is necessary to a successful practice of Homœopathy. The homœopathic *Materia Medica* is one of the essentials, but of what use would it be without a knowledge of how to apply and use it? To the mind which is not versed in the principles of the homœopathic practice as taught in the *Organon*, each and every remedy would be applicable to every individual case of disease. Such a mind cannot differentiate, is not competent to distinguish the differences in the range and sphere of the remedies. Unless one knows the principles upon which the homœopathic practice is based he cannot select from the *Materia Medica* the remedy suited to a diseased state, no matter how rich it may be in its pathogenesis. A man must know how to use a tool to make it of any value to him.

First principles are always essentials. They may be simple in themselves, yet upon them hinges the easy comprehension of the principles and facts that come later. The principles of addition, multiplication, division and subtraction are very simple and easy,

yet upon them rests the whole range of mathematics, and without them the principles of higher mathematics would be useless. The five-finger exercises in music are not very thrilling and are tedious to the beginner, yet upon these are based all the variations of harmony, every conceivable tune, and a mastery of these is necessary to an easy performance of the better class of composition. It is a simple matter of fact that the masters in every branch of business and art and trade are those who are most familiar with the primary or basic principles, the essentials. Those who skip over these and try at once to jump to proficiency, to the top rung of the ladder, fail and never become more than mediocre even with profound study of the more advanced principles. The master understands the first or foundation principles fully. The easy comprehension of these essentials gives the master ease and grace because he is confident of his position through this basic knowledge. Conscious knowledge gives self-confidence. The weak man is the one who does not have confidence in his own ability, and hence is the one who lacks in knowledge and in the first principles upon which his knowledge must of necessity be based. It is not sufficient for a man merely to know these essentials to have the reserve power of conscious ability, but he must comprehend and grasp them intellectually; he must be a master.

First principles, essentials, never change or become obsolete. They are fixed necessities, absolute entities. Their application may be extended in consequence of our broadened knowledge, but the principles are eternal because of the fixity of natural law. Hence the book promulgating and elucidating these essentials never becomes an obsolete book, but remains fresh and fertile as when first written. Homœopathy demonstrates its superiority and its claim to be based on natural law because its principles are unchanging and its old books remain not only valuable as relics but valuable in every day practice. The newest book is only more valuable in that it gives later data or extends the knowledge of the old. Those new homœopathic books which ignore the contents of the older ones are the lightning bugs of medical literature; they feebly flash out for the nonce and then pass to the realm of musty shelves. The *Organon of the Healing Art* is more in demand to day than in any previous period since its learned author

passed to the bourne from whence no traveler returns; and it has been, I believe, translated into the principal languages of civilization.

Some of the essentials in the application of the Law of Similitude are the proper taking of the case, the selection of the remedy according to the principles of the law, the dose or suitable potency, the repetition of the remedy, the change of remedy. If we master these points all else will be easy in the successful practice of medicine. If we lack in any of these essentials we will have more or less difficulty and will be weak in the art of healing in proportion to our lack of comprehension of these basic principles. These are all essentials, but the "taking of the case" and the selection of the remedy are of the utmost essentiality, for without them we cannot practice Homœopathy.

Some much misinformed friends have asserted that the homœopathic physician is seldom posted in the principles of diagnosis. This may be true of a part of the homœopathic profession as it is also largely true of the allopathic. Many prescribers in all schools of medicine think only of the name of the disease, and some can never rise above empiricism, having their favorite prescriptions for all states or else follow unreasoning routine. The true homœopathic prescriber must not forget his patient, the anamnesis and etiology, all that pertains to the patient's sick condition as well as nature's expression of the disease, the symptomatology. The proper "taking of the case" is always most important and is usually more than half of the labor required, for a case properly and fully taken generally points the otherwise qualified prescriber quite easily to the indicated remedy. A poorly taken case is a mixed case and will confuse the mind and lead to empiricism and guessing. Sometimes drawing the bow at a venture will do excellent execution, but there is no credit nor honor in such success to the physician, and it is always very uncertain and even risky.

The qualification required to properly take the case implies more than a mere diagnosis, more than a simple knowledge of pathology. There must be a differential knowledge of symptoms; an understanding of the relation of symptoms to the diseased state and to the peculiarities of the patient. The modalities, the time and cause of aggravations and ameliorations, the resultant effect

on the mind and disposition of the patient must all be considered, as well as the essential differences in the action of the potentized remedies. Some conditions which may seem unimportant in themselves become, when idiosyncratic, the most essential point of value to the successful prescriber. The fact that one patient is cold while another is warm under the same diseased condition, or that one person is seriously made worse from motion while another, with the same condition, is greatly relieved by motion and aggravated when quiet, are not matters of chance or coincidence, but result from the idiosyncrasies of the individual patient. We find also that our remedies have the same peculiarities, the same important differences. When we understand these differences between remedies the case in hand unfolds itself, the taker of the case can usually see the value of the symptoms the relation of things, and is guided to the class of remedies that will cover the case in hand. But to the one who is not familiar with his *Materia Medica* these unusual conditions and modalities become confusing and the mind is apt to place value on those symptoms which are common to such cases and never guiding in the selection of the homœopathic remedy. It should ever be kept in mind, as Hering pointed out, that those which have least to do with pathology have most to do with the selection of the curative remedy.

While the "taking of the case" is so essential and important it is but incidental to the all-important suitable selection of the remedy and its application to the patient; *that must be homœopathic.*
—*The Medical Arena*, July, 1900.

CLINICAL CASES.

DR. R. F. RABE, Hoboken, N. J.

1899.

I. A Case of Metrorrhagia.

April 21. Mrs. W. H., age 30 years, married, two children.

Trouble has now existed for six years, during which she has had much old school treatment, including curettement, without benefit. Is flowing almost all

the time. Menses appear ten days before time and last ten days, are bright red in color, very profuse, accompanied by headache and bearing down sensations.

Aversion to much covering, wants to be cool, can't stand a hot room.

Sensation as though needles and pins were pricking her feet, < stepping.

Numbness of feet.

Flow < from any exertion.

During flow is very weak.

Dragging down sensation from umbilicus. Secale corn. 200, three powders, one every night, on going to bed.

May 3. Menses came on April 25 and lasted until to-day; were profuse the first two days, dark and clotted. Bearing down and backache.

May 12. Leucorrhœa, of which she complained, is much less now. Numbness of feet much >.

May 22. No flow yet. Feels well.

June 2. Menses came on day following last visit, May 23, lasted six days and were normal in appearance and quantity. Some treatment for her constitutional condition followed, but the metrorrhagia did not return. Looking back at the case now, I cannot explain, even to myself, why I gave three doses of the Secale instead of one, which would have been all that was necessary.

II. Ringworm.

1898.

Mr. E. L.

June 8. Ringworm the size of nickel on left side of neck. Itching. Sepia c.m., one dose.

June 19. Ringworm paler and smaller; no more itching.

July 2. Entirely disappeared.

1900.

Mr. H. L., brother of above patient.

Aug. 25. Employed on steamship piers and mingles constantly with immigrants of all nationalities. Ringworm on flexor surface of left forearm. Sepia, 50 m.

Sept. 1. No >. Ringworm has increased to the size of a silver dollar. Microscopic examination shows the tricho-

phyton fungus, with mycelia and some spores, very plainly. Very little itching. Bacillinum 200 (B. & T.), one dose.

Sept. 8. Ringworm is fading and has remained stationary in size.
Is crusting all over centre.

Sept 15. Scabs falling off and healthy skin appearing.

Oct. 1. Skin entirely normal in appearance.

This case proves absolutely what homœopaths have known all along, that an internal remedy can cure an external parasitic disease unaided by local measures.

III. A Peculiar Symptom.

1898.

April 1. Miss T. is a missionary, and has been under a severe strain for the past week trying to convert a prostitute. On my arrival found her in bed with the following symptoms:

Alternate laughter and crying.

Bursts into tears and buries her face in the covers.

Very weak.

Anxiety about the heart, rises up into chest.

Vague pains about the chest and in the limbs.

Numbness and paralyzed feeling of left side of body and of fingers of both hands.

Pulse fast, then slow, alternately sleeplessness.

On turning over in bed a sensation as though some fluid in her chest ran from one side to the other, passing through a narrow opening.

Ignatia 900, one dose, was given, with complete disappearance of all her symptoms within three days.

PERSONALS.

Dr. H. A. Atwood, formerly of Moreno, has removed to Riverside, Cal.

Dr. L. E. Collier has removed to Portsmouth, Iowa.

Dr. G. E. Gramm has removed from Ardmore to 709-710 Professional Building, 1833 Chestnut street, Philadelphia.

Dr. C. F. Curtis has removed from Lakewood to Findlay Lake, N. Y.



HAHNEMANN.

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DEPARTMENT OF MATERIA MEDICA.

—
Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School of
Homœopathics.

CANTHARIS.

—

The most important feature of this medicine is its inflammatory condition, and the most important characteristic in the inflammation is the rapidity with which it completes itself into a gangrenous state. Inflammatory conditions usually follow a definite course for days, but when this medicine is put upon a part or taken internally the inflammatory state terminates in death of the part with such rapidity that it is surprising. When taken internally it proceeds almost immediately to attack the urinary tract and establish a uræmic state which brings about mental symptoms; the local inflammatory condition comes on with great rapidity, and this brings the patient down violently sick and in a great hurry. From strong doses in the poisonous effect we get startling and alarming symptoms; the whole economy is in disorder; grievous symptoms commonly of the urinary tract. The parts become gangrenous or erysipelatous at an early stage.

The mental symptoms are striking. Among those that are guiding are *sudden* loss of consciousness with red face. Suddenly goes into stupor. Confusion of mind. Overwhelmed with strange ideas. Thoughts run riot, and go whatever way they will, as if possessed by outside influence.

Head hot, frenzy, delirium, with great excitement and rage,

paroxysms renewed by dazzling or bright objects, by touching the larynx or by trying to drink water as in rabies. Fear and confusion of ideas. The mind often runs towards subjects that the inflamed parts would suggest. The bladder and genitals are inflamed and the excitement and congestion of the parts often arouse the sexual instinct, so that there are sexual thoughts and sexual frenzy. Violent amorous frenzy, not a true sexual desire, but an excitement such as accompanies inflammation attended with thoughts that correspond, not the true desire but rather an amorous frenzy. The sexual instinct has gone mad. The erections in the male are painful and violent. The penis is inflamed and sore and it would be painful to have coitus, yet there is this frenzy. Unbounded, frantic, sexual desire, a maniacal state. Insolence. Blasphemy. Restlessness ending in rage. Restlessness causing him to move constantly, a rage and delirium intermingled with amorous frenzy until every one is disgusted. This kind of mental conduct in Cantharis is similar to what will take place in *Hyos.*, *Phos.*, and *Secale*, a violent delirious state intermingled with sexual ideas and talk. In some instances he deliriously sings lewd songs and prattles on the subject of human genitals, urine and feces, a wild raving on subjects not talked about in health except among the depraved. But in disease, chaste and modest persons, virgins, will speak so that it is surprising where they have picked up such language. In such cases it is well to exclude everybody from the room except the nurse and doctor. I have seen a dear old mother weep and wring her hands and say: "Where did my daughter learn such language?" The daughter is not to blame. It is simply a condition of the urinary tract or the menstrual function, brought on from cold or exposure, or through the mother's neglect to tell her daughter what she should know in regard to her menstrual function, and now there is inflammation of the ovaries or uterus, or outside parts, and the urine burns and causes an inflammatory condition of the outer parts, or the urine is retained and there is frenzy. Such is Cantharis.

Violent, bursting, lancinating headaches as if stabbed with a knife; an inflammatory condition that takes hold of the mind violently.

Running all through the remedy there is *burning*. In the head burning, throbbing and stabbing. Unconsciousness and delirium in the mental state. Ravings as described. Burning in the side of the head. Stitches in the side of the head and occiput. Lancing pains deep in the brain. Hair falls out.

It is seldom indicated in eye troubles alone, except such as come with head and mind symptoms. Erysipelas of the face with large blisters. Burning in the eyes and the state of vision is such that the whole atmosphere looks yellow. Burning and smarting in the eyes. Erysipelas of the eyes, with gangrenous tendency. Eyes hot, scalding tears. Erysipelas of the face, dorsum of the nose, involving the lids of the eyes so that the lids are closed. It spreads to the eyes, though this is not mentioned in the text. *Rhus* is more commonly used in this condition, but when it is violent Canth. will often be indicated and preferable to *Rhus*. *Rhus* has the blisters and the burning, but in Canth. between your two visits the erysipelas has grown *black*, it is dusky, a rapid change has taken place, and it looks as if gangrene would set in. Burning like fire in the erysipelatous area and the skin around burns like fire from the touch, just as if the finger were a coal of fire. In *Rhus* this is not so. In Cantharis the little blisters even if touched burn like fire. *Eruptions burn when touched*, ever so lightly, *i. e.*, those eruptions such as the remedy could produce. If the remedy does not produce the symptom as well as the modality all of the elements are not present.

This patient enters into a state of prostration, is pallid, has hippocratic countenance and dies. It corresponds to the lowest forms of disease, even gangrene and violent inflammation of the bowels, bladder, brain, spine and lungs; sinking and hippocratic countenance will be present. Inflammation of the lungs, gangrenous type, prostration, and the lung that is affected burns as if full of boiling water, or burns like fire, and immediately he expectorates cadaverous expectoration, thin, bloody, watery; it has come on in an astonishingly rapid manner, and in a little while he will die; the nose is contracted, there is the hippocratic countenance, and the urine is suppressed. I remember one patient who had just come out of a prolonged drunk. I left the patient in the evening in just such a state as I have described. He was drooling a

bloody saliva from his mouth and he was dying. He had had this condition come on in one night from being nearly frozen in a drunk. It would be Cantharis or death before morning, but by morning he was expectorating a rusty sputum and went on to a good recovery. *Arsenic* has the burning in the lungs and he spits up black sputum, pneumonic signs are present, with the restlessness and anxiety, and other symptoms of *Arsenic*, and *Arsenic* will stop it at once. These violent remedies are needed in those cases that will die, though not in a violent dose.

Burning in the throat. Great thirst, with burning in the throat and stomach. Thirst, with aversion to all fluids, that is, the craving of the mouth and throat are antagonized by the mental state. Thirst in the throat and an aversion to water in the mind. Violent burning in the stomach, pylorus, abdomen: The abdomen is swollen and tympanitic; lancinating pains cutting and stabbing like knives. Wherever there is a rapid inflammation in the bowels there is diarrhoea of bloody mucus or serum, watery, bloody fluids from the bowels and stomach. The same watery bloody fluid from the eyes. And wherever this watery fluid comes in contact with the skin it burns and takes the skin off. Bloody urine.

Desire for stool while urinating. The patient will sit on the commode with violent tenesmus to pass urine and stool, feels that if he could only pass a few more drops of urine or a little more bloody stool he would get relief, but no relief comes. All the parts are inflamed and on fire. Tenesmus and urging not only when the bladder is empty, but often when the bladder is full. Retention of urine. Passes none or only a drop or two. Bloody urine. Violent tenesmus of the bladder. Cutting pains with tenesmus. Lancinating, cutting, stabbing like knives, in neck of bladder. Pains shoot off in different directions. Violent pains with frequent urging. Constant tenesmus; he sits and strains but gets no relief. An anxious state and frenzy come on; most violent suffering and he has urging to pass urine and stool with sexual erethism tantalizing in the extreme. The whole urinary organs and genitalia are in a state of inflammation and irritation and threaten gangrene. Burning when urinating. The discharge of this bloody urine burns like fire in the bladder and about the

genitals. Retention of urine or suppression of urine. It is rare that one suffering from gonorrhœa has this violent inflammation, with burning and tenesmus of the bladder and rectum, but in such a case this remedy is indicated. The intensity and rapidity are the features of this remedy. It brings on a state of pain and excitement found in no other remedy. Next to it comes *Merc. cor.*

In the female there is oversensitiveness of all parts. Inflammation of the ovaries and uterus. Burning in the vagina. Membranous dysmenorrhœa. Menses too early, profuse, black.

Puerperal convulsions. Retained placenta. Burning pains. When there have been no expulsive pains present sufficient to expel the afterbirth, with the symptoms running all through this remedy, after it has been given, normal contractions of the uterus have come on with expulsion of the membranes.

Violent lancinating pains through the kidneys and back. Pains in the loins, kidneys and abdomen. Pain on urinating, so that he moaned and screamed on passing a drop.

UREA.—A PARTIAL PROVING.

DR. ALEXANDER VILLERS, Dresden, Germany.

Theoretical speculations on the physiological reasons for neurasthenia made it desirable to be certain about the amount of urea present in the urine in certain nervous diseases. The results of the examination were very remarkable. In one case of severe asthma in a woman I found $4\frac{1}{2}\%$ urea instead of the usual $2\frac{1}{2}\%$ in the urine of a woman. It was natural that I should wish to know what might be the symptoms of urea taken into the body. I did not find anything in literature about provings of urea. Only Allen quotes three cases in which urine had been taken internally.

I experimented on myself with Urea 15D, taking twice a day five drops from the 10th to the 14th September. After this short time I was obliged to stop, because some symptoms became very disagreeable, and some of my constitutional symptoms became so aggravated that I could not expect a good proving.

The most prominent symptom was a constant urging to urinate, beginning at the root of the penis. The quantity of the deposited urine was not very high.

From the bladder to both groins a fatiguing, tearing pain, aggravated while standing.

In the right hypochondrium a steady, dull sensation.

Head very dull, as if filled with a very heavy lump.

Of my personal symptoms were aggravated an itching along the sulcus of the glans and a general tired feeling. The urine had not changed during these four days.

On the third day the eyelids began itching very much and the eyes watered profusely.

I could not think of going on with this experiment, because the gravest symptom was a general uneasiness, which is not describable. I felt ill, poisoned.

I then tried the same dilution on a woman from the country, a voracious medicine eater, without telling her that she had to take something new to her. After three days she wrote to me, begging me to allow her to give up this medicine. The constant urging to pass urine, with much sediment, the intolerable sensation in the abdomen and burning of the skin could not be endured.

I know nothing more about Urea than what I have noted down in these few lines; but I think that a constituent of the body which can produce such symptoms ought to be studied closely.

I would be very thankful if any one of the readers of our Journal, who takes interest in this proving, would let me know after a time what he has found.

If a work on *Materia Medica* can reveal the precise qualities of medicines, it must be one from which all were assumption and empty speculation about the reputed qualities of drugs are excluded, and which only records what medicines express concerning their true mode of action in the symptoms they produce in the human body. Hence the practitioner will rejoice to find here a way in which he can remove the maladies of his fellow creatures surely, rapidly and permanently, and procure them the blessing of health with much greater certainty.—*Hahnemann*.

DEPARTMENT OF HOMŒOPATHICS.

BIOLOGY EVERYWHERE !

DR. ALEXANDER VILLERS, Dresden, Germany.

With pompous words Prof. Hertwig, Berlin, has declared in his lecture: "Development of Biology in the 19th Century," that the new anatomical-biological tendency has destroyed the influence of the materialistic-mechanical dogma, as this formerly destroyed the false doctrine of vitality. The modern critical sense for dissection has brought even the natural philosophers to the point where they see only the single parts and not the uniting power. They fight against everything that has been called *spiritus rector* or *Lebenskraft*, and despise Paracelsus and Hahnemann, who spoke in the specific, scientific style of their time. And yet the power of truth obliges the modern teachers to concede that there is something outside of blood, nerve and tissues which makes the man healthy, and if used up, cannot more prevent his getting sick. And what do they do? They invent a new expression, the anatomical-biological study. They have found that *omne vivum e vivo*, and they pretend to study the nature of mankind, when they state what chemical processes go on in gout, diabetes, etc.

But where is the benefit to the sick derived from these speculations? Who of these profound men can cure an insanity consequent upon a badly treated skin disease? We have done it often enough and we can do it every time, if we are only guided by the biological idea. till now only known in the old form, viz.: That there is a force behind the examinable things on which we act with our medicines.

When we translate the old term into a modern form we cer-

tainly try to find whether the action of the nervous system is not in some way or other connected with vitality. It is in the air to study life in the sphere of nerves with their ubiquity and their unknown form of connection.

I wish to give a sketch of a speculation about the action of specific medicines. We know that medicines selected upon the unity of symptoms act wonderfully quick and have this special effect, that long before the *locus morbi* can be cured the patient feels much better in general. Think of a suppuration at the root of a tooth. You give the right medicine, I will say, for example, *Staphysagria*, and the patient feels relieved from the beginning, though the infectious suppuration persists some time longer.

To explain this rather miraculous way of action, I go back to the classical definition which Virchow taught us: Disease is a normal action of a cell gone over its limits. Normal action of a cell is limited by the action of the inhibitory nerves. Blood must come to the cells; if too much comes, the inhibitory nerves control it; if they fail, the cell becomes congested, and from there starts a disease. Weakness of the inhibitory and regulating nerves is the same as what we called low vitality. The acting power of the inhibitory nerves and centres is always ready to appear again, just as a ball with unstable equilibrium moves easily. There is very little strength necessary to move the ball, and in the physiological condition there is very little medical strength necessary to make the inhibitory nerves do their work. How can we suppose that the action goes to these damaged inhibitory nerves? Because the parallelism of the symptoms of the disease and the symptoms of the proving give us the indications for the specific reaction of the curing medicine when the human body is unable to help itself.

Such kinds of speculation are not very well based, but at the beginning of every study stands the impression, that something of the truth can and will be found where imagination has opened the way.

A. V.

APPRECIABLE, distinctly appreciable to our senses must that be, which is to be renewed in each disease in order to transform it into health, and right clearly must each remedy express what it can positively cure, if medical art is to cease to be a wanton game of hazard with human life, and to commence to be the sure deliverer from diseases.—*Hahnemann*.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

ILLUSTRATIONS OF COMPLEMENTARY RELATIONSHIP.

PROF. J. T. KENT.

Menstrual headache in the occiput.

Pain pressing, bursting, violent;

< motion, turning head, bending head back;

< lying on right side;

< standing or sitting. Must lie on left side or back.

Face pale, cold and dry, haggard.

Eyes *wide open*. Winking < the pain in the back of head.

Eyes seem to be forcibly held open.

Drawing or tension in eyes.

Wild look on the face.

Feet icy cold to knees.

This patient usually menstruated copiously bright red. She took *Puls.* some weeks ago for some nervous symptoms. At the next period the flow was scanty, black and putrid.

Carb. v. 500 cured the headache at once and improved the general state.

This case serves to illustrate how it is that a partially indicated remedy seems to cure many symptoms, but leaves the patient's condition in confusion; and also how it is when the real complementary remedy follows. In the above case *Carbo v.* complemented *Puls.* and left the case in a good state of order. Symptoms must be treated conservatively, must be nursed so that the

complex of symptoms will be a good index to the next required medicine.

A hard, loose cough appeared after a long study, to call for *Puls.*, but after the remedy was given it was soon seen that it had only created confusion, as the *patient* was losing, growing weaker, having sweats, and the loose cough had become dry and most distressing. *Stann.* cured promptly, yet it could not be made out from the first study. This is another instance given to show the antidotal relation as well as the complementary. It often requires two remedies given in this way to cure. The first only seems to arouse. If the patient is left after the first remedy, or if he quits his doctor at that moment, or if his doctor be too ignorant to grasp the situation, I have no doubt of a fatal termination. It is a critical time and must be known at once and duly met.

THREE CASES.

DR. ALEXANDER VILLERS.

1. A girl 12 years of age has had headaches for a year, going from front to occiput and sometimes in the temples. The pains come on mostly towards night, and are combined with an awful state of fear in the child. There is nothing to learn about the kind of fear the child has, because she only explains that she sees "green stripes." Alone or in society, in the dark or in a room full of light, the dread is always the same. As a symptom, "green stripes" were not known to me. So I thought the child might, perhaps, have been once on a seashore, and, being impressed by the moving of the waves, might translate an unclear vision of moving things in this manner of description; but she never had seen the sea, and insisted that these green stripes frightened her, and nothing else. Such a fit of fright, with the headache, lasts for hours, and then the child sleeps a restless sleep and feels tired all through the next day. Of some etiological interest it could have been to note that, three years before, she had had an abortive scarlatina and was treated with cold compresses. I thought of nephritis with a reflex irritation of the eyes, perhaps a precursor of albuminuric deposits in the eye. But

in the office, where so many other patients wait, all these speculations must be postponed and advice must be given. I knew only one symptom which was in some way like the complaint of the child, this was "floating stripes—Thuja." So I prescribed Thuja 200, one drop every 10th day, ordered a specimen of the urine to be sent and to report in twenty days. The mother reported after this time that the child has had no more headache nor fear, and that she slept well. The urine was free from any dangerous component, although it had been affected all through the time of the illness, becoming clear only a few days after the first dose of Thuja 200 had been given.

2. An American boy, 10 years of age, had in his own country in 1888 a severe dysentery under allopathic treatment. Extremely debilitated by disease and treatment, the child was taken to health resorts in California, and finally the parents took him to Europe to try to find there help for the child. Not believing in Homœopathy they had not thought of consulting one of us, but chance brought them in contact with me, and finally they asked me to see their child. The case was not one with which you can surprise people. The stool was always thin, brownish and fetid. The diet, which long nursing had taught the parents to be the right one, was entirely free from everything that was solid. As soon as they dared to try another kind of food, the dejections became more liquid. The same happened if the boy took a little more at his usual meals. In both cases with the stool there came a rather great amount of thin, white threads, like Italian vermicelli, not like the membranes in the membranous form of chronic catarrh. Naturally the boy was very much debilitated, and his sleep was deteriorated by constant dreams of wild beasts.

I had no idea what to give the boy upon these symptoms, and to find the constitutional remedy would have taken too much time. So I gave Merc. corr. to be taken by one powder (*i. e.*, one drop twice daily), and went home ashamed that I should want my notes to make out such a case. I had promised to call again in five days, and during that time I had arrived at a decision about the way I would go to cure this patient and help the poor martyr of Allopathy. But when I saw the stool of this day

I put aside all fine deductions, because the stool had already changed, was less liquid and had much less bad odor. Under the use of Merc. corr. 30 the passages became quite normal in about twenty days. Now I began to change his habits and insisted on his taking meat. In a few days all regularity of the bowels was lost. He had no diarrhoea, but normal passages alternating with hard lumps or complete constipation. The boy lost his appetite, and began to dream again. Petroleum 30 regulated the whole thing in two weeks. With this medicine in hand for cases of emergency, the family left Europe, and, two years after, I heard that the boy had entirely recovered after some not very grave relapses.

3. An officer, some 30 years old, came to see me February, 1892. He had been ill since October, 1891, when his right inguinal gland had swollen suddenly and began to suppurate. In his garrison the military surgeon had made an incision, but the gland did not stop suppurating, and, though the skin closed again, there was a fistula left, and, after every long walk, more pus came out and the irritation of the gland was shown by pains all through the right leg. The officer could do no service and was practically an invalid. Having had homœopathic treatment in his boyhood, he came to see me on the 11th of February. I gave Arnica 30, because I heard that the initial irritation of the gland had started after a very long military march. After nine days the gland could be palpated, and the cicatrix, which was deep in the flesh, could softly be massaged. This was done to the 27th of the same month, and then I dismissed the patient with some Arnica in his pocket, to take in case of need. When I saw him ten months later at his Christmas leave, he told me that from the 5th of March he had done service all the time.

Now, why do I publish these cases? Many of their kind are found in every office. But what I wish to show is, that not every case can be treated upon the symptoms, because some symptoms are not known in their value, or cases are entirely without characteristic symptoms. Then intuition must help the doctor to feel where lies the possibility to get at these cases. This intuitive notion of what must be done in cases, where the usual sign posts have been broken down, is not a mystic faculty nor a fantastic

guessing, but it is the consequence of a regular study of every case. All notions which we take into our brain form in the "undercurrent of thoughts" combinations, which come to the daylight when we need an intuitive knowledge. There is the difference between the approvable practitioner and the real doctor.

IS HOMŒOPATHY "TOO SLOW?"

S. MARY IVES, M. D., H. M., Philadelphia, Pa.

July 9th of last year I received a hasty summons to the country, and upon reaching the hotel at which my patient was staying found him lying in bed, markedly prostrated, temperature $102\frac{4}{5}^{\circ}$; pulse rapid but feeble; extremely chilly, notwithstanding every effort to obtain warmth (several blankets and coverlets); practically sleepless, although dozing occasionally; pain and soreness in epigastric region; rumbling and pain in "bowels" with several loose stools a day; pain in "bowels" < before stool > after.

The history of the case was as follows: On July 7th (two days before my visit), he was overcome with the heat while taking dinner at his club in the city; a physician was quickly summoned, who removed him to a near hotel and placed him in an ice bath for several hours, and administered "Spirits of Ammonia." That same night he was taken out to his country place of residence and the same treatment continued (ice baths and "Spirits of Ammonia") all that night and the following day (July 8th). "He had a perfectly dreadful night last night," said his wife to me upon my arrival the morning of July 9th, "was so restless, he could not sleep; and so cold we could not get him warmed up, although the night was very warm; his breathing was short, so that he had to sit up in bed and be fanned constantly."

Upon seeing the patient and listening to this history I debated within myself for a few moments; I thought, here has been a severe case of heat prostration, and this man with his already weak heart (for I knew him to be a "heart" subject) has been thrown into this state of collapse by the heroic treatment administered. Shall I prescribe for the aggravation from the heat and give him a dose of Glonoium (which from the symptoms he de-

scribed to me as felt at the time of attack I knew would have been indicated), or shall I prescribe for the picture now presenting, the *prostration; coldness; sleeplessness; distress in epigastrium and "bowels," pain in "bowels" relieved by stool*; and in addition the "Spirits of Ammonia" drugging? It did not take much thought to choose the latter course and I put a powder of *Nux vomica* cm. upon his tongue.

The same evening I made my patient another visit (some nine hours after), and he greeted me with a smile, saying as I enquired how he felt, "Oh, I began to get better from the minute you gave me that first dose." The temperature had fallen $1\frac{3}{8}^{\circ}$; the pulse was stronger and he said he was "warming up."

After a few days of enforced rest he returned to business, remained in the city throughout the extreme heat of our summer weather and stood it well.

Surmise, I know, has but little place in Homœopathy, but I wonder if a few pellets of *Glonoinum* given at the time of the sunstroke would not have proved somewhat more efficacious than the ice baths and "Spirits of Ammonia?" Had the physician who was summoned but known that this patient before him, with his flushed and purple face, his surgings and pulsations, his vomiting, his stupor, etc., etc., meant *Glonoinum*, this case would never have been reported.

A CURE BY A PUPIL OF HAHNEMANN.

DR. JULIA M. GREEN, Washington, D. C.

In November, 1899, an old gentleman, aged eighty-seven, who has been an acquaintance for a number of years, came to my office and told the following story: When he was a young student in Paris, in 1834, and living in a hotel there, a window cord broke as he was closing the window one day and a rusty nail in the sash cut a deep gash across the back of his right hand.

He was almost a stranger in Paris and knew no doctors there. He went to his landlady, who put laudanum in the wound and bound it up for him. By evening the hand was very painful and

began to swell; next morning his arm was swollen; this pain and swelling increased until the whole arm and shoulder were very large and the wound in the hand was discharging. There was no sleep for him that night, and by morning he was too dizzy to walk across the room without staggering. Something must be done. Suddenly he bethought himself that right across the corridor in his hotel lived a young man, a German, who had come recently to Paris and claimed to be a physician. The patient knew no German and the doctor no French, but the wound and the arm were inspected very carefully. After his examination, the doctor went to a small cabinet suspended on the wall, which was full of "tiny little bottles," ran his finger over the rows till he found the right vial, and then nodded and smiled to himself. He removed the cork and had his patient take three whiffs of the contents, holding the bottle to one nostril and then the other. Then he replaced the bottle and dismissed his patient.

I interrupted at this point to ask what my friend thought of the doctor at the time. He said he thought him a quack, and was very angry. But in half an hour the pain had diminished somewhat; by evening the swelling had gone down considerably; he slept well. Next morning the pain and most of the swelling had disappeared; the wound healed rapidly and perfectly.

Of course the patient was utterly astonished and thought this a most wonderful cure, so he related it while calling on a wealthy family a few days later. This family had travelled far and wide in the vain hope of gaining help for a daughter suffering with "chronic gastritis." This new doctor was sent for and the patient cured. Soon he had more practice; in six months he was very busy and sent for his master, Hahnemann, to come to Paris, too, and he came.

For this was Dr. Wiedenborn, a disciple of Hahnemann.

EDITORIAL.

We would call especial attention to the very practical article by Prof. Kent, in this issue, on the use of the Repertory. The Repertory is an everyday necessity to Hahnemannians, and con-

stant use makes it more and more valuable. In such use, however, most men are able for their own benefit to improve the order and headings of many rubrics, and, by combination of synonymous captions, completeness is gained. Scanning the *Materia Medica* suggests many additions to the repertory, and confirmation of clinical symptoms, hitherto viewed with suspicion, enriches the pathogenesis almost as much as by a reproving of the substance. All such additions, emendations, and confirmations should be recorded, and for the benefit of the profession in general should be communicated to one centre for publication. We hope, therefore, that Prof. Kent's request for assistance in the growth and perfecting of the Repertory will meet with a universal response.

C.

IN Charcot's *Leçons sur les maladies du système nerveux* tome III, second lecture, franklinization is strongly recommended for atrophy of the extensors between a joint, bruised or damaged by gouty affection, and the spine. In a note R. Vigouroux, Dr. Charcot's well-known clinical assistant, says: "It is remarkable for this theory that the curative action on the trophic nerves is produced from a form of electricity whose strength, compared with the usual electric currents, is almost a nonentity. The doctrine of the authors must be carefully criticized, who think that the action of the current on the trophic nerves is correlative to the quantity of electric current. They have been brought to this idea by supposing an analogy with chemical effects. The question is surely not so simple, as these authors pretend."

No relation between quantity of the remedy and the action, but between specificness and action. Who has first taught us so?

A. V.

HOW TO USE THE REPERTORY.

PROF. KENT.

Ever since the appearance of my Repertory in print many of my friends who use it have urged me to write out my own method of using a repertory. I realize that it is a most difficult

undertaking, but shall attempt to explain my method. I doubt not but most careful prescribers will find that they are working in a similar manner.

The use of the repertory in homœopathic practice is a necessity if one is to do careful work. Our *Materia Medica* is so cumbersome without a repertory that the best prescriber must meet with only indifferent results.

After the case has been *properly taken* according to Hahnemann's rules it is ready for study. I do not intend to offer in this paper the ordinary rubrics, because all know them so well. A case that is well taken and ordinarily full will show morbid manifestations in sensitiveness to many surroundings, such as weather, heat and cold, also in the desires and aversions, mental symptoms and the various regions of the body.

When I take up a full case for study I single out all the expressions that describe the general state, such as the aggravations and ameliorations of the general state of the patient or of many of his symptoms. I next consider carefully all his longings, mental and physical, all the desires and aversions, antipathies, fears, dreads, etc. Next I look for all the intellectual perversions, methods of reasoning, memory, causes of mental disturbances, etc. All these I arrange in form together, in order to set opposite each one all remedies in corresponding rubrics as found in the repertory. By the cancellation process it will soon be seen that only a few remedies run through all these symptoms, and therefore only a few are to be carefully compared in order to ascertain which one of all these is most like the particular symptoms not yet lined up to be considered as the first ones have been considered. Hahnemann teaches in the 153d paragraph that we are to give particular attention to such symptoms as are peculiar and characteristic. He teaches also that the physician must pay his earnest attention to the patient. Now if these two things are duly considered, it will be seen that Hahnemann's idea was that a characteristic symptom is one that is not common to disease but one that characterizes the patient. All the first lot of symptoms singled out for a more comprehensive view are such as characterize the patient, and are predicated of the patient himself. By treating a portion of the symptoms in this way we have

reduced the list of possible remedies to a few or perhaps only one. As it is necessary to consider the totality of the symptoms for a basis of the homœopathic prescription, it is now necessary to examine all the rest of the symptoms in order to ascertain how these few remedies correspond with all the particulars.

It may be said that the above is only routine work and everybody does it just that way. True, but after so much has been accepted the more intricate problems come up. To work out a well-rounded case is the simplest part of repertory work, but when one-sided cases appear and when the patient states his symptoms in language that cannot be found in provings the case is far different. The record of the patient should stand as nearly as possible in his own language. From an extensive correspondence and many years of teaching graduates, I have come to the conclusion that it is a difficult matter for many to know when the record of symptoms contains the possibilities of a curative prescription. Many cases are presented with no generals and no mental symptoms—absolutely no characterizing symptoms—only the symptoms common to sickness. When a successful prescription is made on such symptoms it is scarcely more than a “lucky hit.” It cannot be classed as scientific prescribing. Many records are presented with pages of vague description and one keynote that has served as a disgraceful “stool pigeon” to call forth a failure from many doctors.

Unless the symptoms that characterize the patient are brought out in the record the physician should not be surprised at a failure. The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure.

To show something about the requirements of repertory work, I will try to bring out hypothetical groups of symptoms such as come to every man. In a well-rounded case, or as an isolated group, we frequently meet with what is called “writer’s cramp.” This must be divided into many elements before it can be properly put on paper as a worked out case or fragment of a case. If we should take “writer’s cramp” and say no more about it, we would have only a limited number of remedies to look to for cure. But our resources are almost unlimited, as will be seen. “Writer’s

cramp," when examined into, will be found to mean cramp in fingers, hand or arms, or all three. Sometimes numbness and tingling of one or all three; sometimes sensation of paralysis in one or all three; sometimes tingling of fingers and hand, and all of these conditions from writing or worse while writing.

Cramp in fingers while writing: Brach., cocc., cycl., trill., mag.-ph. stann.

Cramp in hand while writing: *Anac.*, euph., mag.-p., nat.-p., sil.

Cramp in wrist while writing: Amyl.-n., brach.

Numbness in fingers while writing: Carl.

Numbness in hand while writing: Agar. *zinc.*

Paralytic feeling in hand while writing: Acon., agar., chel., cocc.

The above brings out about all that can be found in the *Materia Medica* on this subject, and failure often follows owing to the scanty clinical and pathogenetic records to which we have access; but we have just begun to consider this vexatious group of symptoms. It is true that sometimes the above scanty showing presents just the remedy required. But oftener it does not, and then we may proceed as follows:

Cramp in the fingers, hand and wrist or such parts as are affected: Use the general group on page 938 of my Repertory—a long list.

Numbness of fingers and hand: Pages 999 and 1000, using also the general group.

Sensation of paralysis of hand and fingers: Use the general groups, pages 1118 and 1119.

After these have been carefully written out, turn to the general rubric in Generalities, on page 1287, "Exertion," and write out such of these remedies as are found in the complex of "writer's cramp," and the result will be such remedies as have the complex symptoms from exertion. Writing is nothing else but prolonged exertion. When this simple lesson is learned the physician will see at once that the same process will show the remedy in those who have lost the power of the hand and fingers, or have cramps, etc., from playing stringed instruments or playing the piano or the prolonged use of any tool or instrument. It is using in proper manner a general rubric.

Furthermore, after cures have been made with remedies se-

lected in this way, such remedies may be added to the scanty list of particulars first referred to, and in this manner will our repertory grow into usefulness. This is the legitimate use of clinical symptoms. It is the proper application of the general rubric to the end that our scanty particulars may be built up. The new Repertory is the only one ever found that provides a vacant space for annotating just such information. If the large number of correct prescribers in the world would join in this extension, we could soon have a repertory of comparatively extensive particulars. Our generals were well worked out by Bönninghausen and much overdone, as he generalized many rubrics that were purely particulars, the use of which as generals is misleading and ends in failure. The success coming from Bönninghausen's Pocket-book is due to the arrangement whereby generals can be quickly made use of to furnish modalities for individual symptoms, whether general or particular. This feature is preserved in my repertory, as all know who use it. But it is the generals that can be used this way. A large rubric made up of promiscuous particulars, none of which are predicated of the patient is a "hit or miss" when applied in general and usually a miss. For example, "aggravation from writing" is a rubric of particulars. In no instance is there one wherein the patient himself is worse from writing, but the eyes, the head, the hands, the back (from stooping), etc., make up this rubric. It is useless to resort to aggravation from writing when a headache is the symptom and find the remedy refers to a complaint in some other part wholly unlike headache. To make use of this modality for mental symptoms when it is applied to complaints of the hand is perverting the uses of circumstances. Aggravation from writing should be limited to the symptoms that are worse from writing and kept with them, as it is not a general. It is so done in my repertory. This is wholly different in the great rubric "motion." If we study Bryonia from that rubric, and from the *Materia Medica*, we will see that such a large number of particular symptoms is aggravated by that remedy that it appears that the very patient himself is worse from motion.

Hence, it will be seen that motion is a rubric that must show the extent of aggravation in relation to the general bodily

state by general and particular, and it must be retained in the generals. Any rubric that modifies so many particulars that the very patient himself seems to be so modified must be classed as general. Many wonderful cures have been made from the use of Bönninghausen and many wonderful failures have followed, and it is from the above cause. The new repertory is produced to show forth all the particulars, each symptom with the circumstance connected with it. It is in infancy and may remain so very long, unless all who use it unite to preserve their experience in well-kept records and furnish the author with such. The author is devoting his life to the growth and infilling and perfecting of this work, and begs that all true workers will co-operate by noting errors and omissions, and, above all, noting such modalities of particulars as have come from generals and been observed in cures.

HAHNEMANNIANA.

The statuette, which forms our frontispiece this month, is the property of Geheimrath Louis Wittig, of Cœthen, who purchased it at an auction of articles belonging to one of Hahnemann's daughters, when she died in Cœthen. It is in bronze and is 47 centimetres in height. No one knows who made it, but those who knew Hahnemann personally said that there was no better likeness of Hahnemann in existence. Our half-tone was made from a photograph kindly sent us by Dr. Richard Hähl, Stuttgart, who possesses a plaster cast of the statuette.

PERSONALS.

Dr. F. H. Lockwood is now located at 2733 Paulina street, Chicago, Ill.

One of our subscribers, Dr. Edna G. Ferry, connected with the M. E. Mission at Tientsin, China, we are glad to note was among the company of "foreigners" relieved by the allied forces in Peking on August 14th. She is now at her home in Mount Vernon, N. Y., but looks forward to returning to China.

The PHYSICIAN'S VISITING LIST for 1901, published by Messrs. P. Blakiston's Son & Co., is the jubilee issue of this compact and uniquely arranged work. The page is ruled for 25 patients daily, and there is ample space specially devoted to memoranda, obstetrical engagements, registry of births and deaths and cash account. The price is \$1.00.

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL, N. Y., THURSDAY
JUNE 28TH, 1900.—
TRUTH.
—S. MARY IVES, M. D., Philadelphia, Pa.
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In Washington, one week ago, hundreds of men and women were gathered together to witness the dedication of Hahnemann's statue, and to lavish upon him adoration and glory. They called him the "founder of our school," and talked of the "strength and power and ever-living influence of the truths that he discovered and made plain." "This statue," they said, "stands for what we believe is truest and best in medical science, it stands for honesty, it stands for liberality, it stands for tolerance, it stands for scientific medicine, it stands for Homœopathy." *And they are right!* The man they have portrayed in bronze *is* the man to whom we owe our being, and the truth it was his glory to proclaim will never die! What *he* gave us is the *truest* and best in medical science; the principles set forth by him lead only towards the highest and noblest ends!

And yet, how many of these same men and women truly honor our founder to-day, how many from among those who call themselves his followers are worthy to look into his face and call him "Master!" From among the hundreds who thronged about his statue to whom could he say, "Well done, good and faithful servant!" What we need to-day is a living, pulsating Hahnemann, within each one of us, not the cold and callous bronze statue of a dead thing, but the life and force of a *clear* understanding and keen perception of all that the man toiled and wrought for! We must grasp his vital thought, the essence of

his revelation, if we would claim him as our teacher. And this we, who are gathered here to-day, have striven, and are striving, to do; we aim truly and well to follow our Leader; therefore, in the quiet and seclusion of this mountain home, shut in from the noise of the outside world, we, with hearts aglow, salute the Captain of our faith, and honor his memory, as set forth in the splendid statue at Washington! We are in touch with him, we live true to his precepts and bear before us always, as our motto, "The healing of the sick."

The question arises, why is it that now, fifty-six years from the time of Hahnemann's death, his faithful disciples number but *so* few, a mere handful, from among all those professing Homœopathy? The answer to such a question will be found in the fact that these so-called followers have failed to grasp the hidden meaning of the fundamental keynote to all of Hahnemann's teaching, viz., that "The sole duty of the physician is to restore health to the sick." Sickness, or disease, in its true sense, is an unknown quantity to them, necessarily they must fail to cure; how can it be possible to restore health unless the lack of health be first recognized. In other words, the mere letter of the law has been received, while the spirit remains ignored. They have eyes, but they see not; ears have they, but they hear not! One has but to watch the working of some fellow practitioner, some pseudo-homœopath, in order to observe this want of perception. The patient, treated by such a man, is looked upon as made up solely of tissues and organs; a physical entity merely; these same tissues and organs exhibit abnormal conditions, therefore *they* must be dosed and doctored; the catarrhal discharges must be treated locally; the skin eruptions must be irritated and artificially healed; the unruly bowels must be forced into subjection by stern measures; the rebellious stomach must be quieted down by soothing measures from time to time; the uterus and ovaries, diseased and suffering, must be gotten rid of, cut out and cast off as so much worthless rubbish, organs so exquisitely formed, fashioned by such infinite wisdom; and so on throughout the whole body. And, after all is done and said, the patient still remains a patient; *he* continues to feel ill; his organs have been treated, it is true, as he often says to us, "Look at the money I have spent on doctors,

this one and that one, and yet *I'm* no better, I'm worse." And we know he is worse, far worse off, than if he had never taken a drop of their medicine.

It seems to one that right here is our battle field, amongst those who call themselves Homœopaths; a civil war, so to speak, in the land of Homœopathy, between the true and the false. The Allopathic physician, though he be wrong, out and out, claims no part in the law of Similia Similibus Curantur, he does not pretend so much as a wish to believe in it, and thus far he is honest, true to the principles of his school (if it has any!). But of the men and women who have come out before the world and claimed a share of the legacy left us by Hahnemann, who pose as believers in the truth made known by him; and yet dare to so utterly pervert his teaching, until our school has become a thing of reproach, what shall we say? They are traitors; they have sold their Master, and delivered him up to scorn and ridicule! It was said to me by an old school physician, an old man of many years' standing and one of the Board of Corporators of my Alma Mater, from whence I brought down a storm of reproach upon my devoted head, when it was known I intended to study Homœopathy; it was said to me by him, "I look upon the homœopaths of to-day as the most dishonest men living." And now I know he was right; now I realize the full significance of what he said. Homœopathy, as known to the world at the present day, must appeal to every right thinking man or woman as a fraud, a cheating thing, a disgrace to medicine. It rests with us, with those of us who know the truth, to press this war to the death. Pure Homœopathy *must* steadfastly fight on, overcoming all obstacles, surmounting all difficulties, until finally she plants her white flag of truth over all this alien crew.

What shall be our plan of campaign, our plan of warfare? Our members are not strong enough to rush on as a mighty body and hew down these offending members, who outnumber us by thousands; but rather must we work silently, patiently plodding on, disseminating the truth as we know it; rousing people up to think, by words wisely chosen, here and there, but *all must* do something! There is *so* much to do and *so* few to do it, that none *dare* be silent. Much may be accomplished through our patients;

a few wisely chosen words often suffice to open their eyes to the underlying meaning of disease manifestations, and to show them the fallacy of superficial treatment. I have been astonished at the intelligence shown by some of my dispensary patients, men and women of little or no education, but who seem able to grasp the underlying principle of sickness. And this is really not surprising, for the common sense (excuse the word) appeals to any reasonably thinking mind. Once our patients perceive the essence of disease, the rest is mostly plain sailing; they can very soon, then, realize that if the baby has "colic," it has colic because it is sick, and, therefore, it is the *baby* that must have a remedy and not the *colic*, so the soothing syrups and such likes are relegated to the dust heap; if the child has a "breaking out" on the head or body, this "breaking out" has come because the child is sick, and so the mother brings the child to receive a remedy, and does not tamper with the eruption. It takes time, of course, to educate our people, but it can be done, as I have proved by six consecutive years of dispensary work. I have mothers who would, I believe, about as soon think of killing their children outright, as to in any way interfere with symptoms when they appear. Such things are gratifying, for they tell the growth in Homœopathy. If this be true of our dispensary patients, it is also true of those who have been blessed with a better share of this world's goods, and are supposed to be better educated. They, too, can be taught the basic principles of our science, and their significance. One patient, in particular, comes to my mind, a young lady who has been in poor health more or less from her childhood, and who has been treated by many physicians, both Old School and Homœopathic, until she feels about disgusted with doctors generally. Some three months ago she came to me, saying she had "gone all to pieces, nervously," and must be built up quickly, for her duties demanded it. Her last physician, (a so-called homœopath), had been dosing her with small doses of Arsenic, which he claimed was homœopathic because of the smallness of the dose. Well, I took the symptoms, prescribed, and happily she did build up, and was able to go on with her work. However, she has many serious chronic symptoms which trouble her greatly, and we have had quite a few talks as to the

necessity for constitutional treatment. The result is that today she is largely reading Samuel Hahnemann's *Organon*, together with Dr. Kent's explanatory lectures, and tells me now: "I always felt there was something wrong with *me* that the doctors could not touch." Gradually it is dawning upon her that it is the *me* I am trying to get at, and she feels more content. Symptoms are unfolding finely, mental symptoms, too, treasured up from childhood because she was ashamed to tell of them.

In connection with these thoughts the following cases may be interesting:

The first is that of a little girl, six years of age, brought to me by her aunt. The child's mother died some three years ago of cancer of the liver; her father is a dissolute man, cruel and brutal. The child presented herself first in February of this year; a round cheeked, rosy little face, but a terribly wayward child. The aunt complained that the child was so constipated; had always been so from birth, would go one week or longer without a stool, in fact had never had a natural movement; always induced by some form of purgative, liquorice powder, German tea, suppositories, soap injections, etc. All these things the child fought tremendously, so that as the time approached for a bowel movement the household held themselves in readiness for a stormy scene. The aunt also complained of attacks of indigestion as she called them; by which I found she meant fever, loss of appetite and great thirst; these attacks would come after too great indulgence in eating. Upon enquiry, I found the appetite was very unhealthy, the child never ate a decent meal, but would pick all the time at first one thing, then another. The child's mental state was described by her aunt as "something awful;" she would fly into a passion, curse and swear (I have heard her since) to perfection and if possible do some personal injury to the offending party. Upon these mental symptoms, the violent, sudden passion, and the fact the child had always had some force of medicine for the bowels (although she had been under homœopathic treatment (so-called) from her birth) I prescribed *Nux vomica* 45m. She improved steadily, so that at the end of one month the report was, "Much better in every way; has a stool every other day; disposition greatly improved." Shortly after this she came down

with the measles; had a pretty sharp attack, which Bryonia cm. promptly controlled. In the convalescent stage the bowels again showed a disposition to remain inactive and her appetite was again unhealthy; I prescribed Sulphur 55 m. as suitable to her constitutional state. Following this, she exhibited styes upon the eyelids, one after another, probably six or eight; but all this time she was improving, gaining flesh, eating normally, bowels regular, so the styes were allowed to flourish as they would. The Sulphur was given at the beginning of April, and for the past month the child has received no medicine, as her friends wanted to see if the bowels would move without it; and they have and do daily. There is, of course, nothing remarkable in this case, but it simply goes to show the ability of our remedies to touch the unseen disease cause, the disordered vital force, and set things to rights. What untold suffering this child may be saved from if only she is permitted the advantage of Homœopathy as she grows up we cannot say! But a step has been taken in the right direction and her friends' eyes are opened.

Another case is that of a baby, five weeks of age. The grandmother came to the dispensary one day to get medicine for herself and happened to speak of this, her daughter's child, saying it did nothing but cry, cry, all the time; they were all worn out with its wailing. She supposed it would cry that way for seven months if it lived as long, which she doubted. I told her to have her daughter bring the child down to my children's clinic. Accordingly she appeared one day with the baby, a little, pale faced, puny thing, mean and scrawny looking; it cried and fretted all the time, wanted to be nursing all the time, would snatch at the nipple as if starving (which it really was), and when the nipple was not in its mouth, she would have her finger in there, upon which it sucked away vigorously. Had had cough from time of birth, with loud rattling in chest; losing flesh instead of gaining, bowels loose, cries and draws up legs before stool is passed, seems > after; urine is excoriating; hands and feet cold. It seems as though Natrum mur. should have spoken loudly enough, but I failed to hear it at any rate, and gave Sulphur 55m. instead. This was March 27th. Ten days later the baby came back, and, of course, was no better; then I saw my mistake, and at once

gave a dose of *Natr. mur.* 20m. This was on April 5th. I saw nothing more of the child until May 28th, some seven weeks later, when the mother brought the child in for some of that medicine. She told me he had been getting along very well until a few days ago, when he commenced the same old way. Of course, I repeated his *Natr. mur.*, and again silence reigns supreme. This is one case of many. *Natr. mur.* is a wonderful baby medicine! For these marasmic babies.

Just one other case, and that is of a man, thirty-six years of age, who came to me April 8, 1899, complaining of a leg ulcer: I found upon the right leg, the outer surface near the ankle, an ulcer, about three inches in length and one and a half inches wide. The history was that three months before the above date a small, red spot had appeared, which suppurated and then discharged, gradually spreading until it reached the present size. He had been going regularly to an O. S. physician, who prescribed some salve to be used locally; this would heal it up for a little while, but it would break open again. Finally the patient became disgusted and decided, at his wife's request, to see me and try what Homœopathy could do for him. There were but few symptoms; pain in the ulcer like pins and needles, also drawing sensation, worse at 4 P. M. and when warm in bed. Upon further inquiry I elicited the following symptoms:

"Malaria" last summer, for which he took Quinine; I could get no definite symptoms in connection with this except that he had fever and sweat at night time.

Had "itch" when a child, was covered with sores; has some return of it each spring. (Sulphur and molasses.)

Skin is always slow to heal.

Bowels irregular, sometimes constipated, sometimes too free. (Always takes physic.)

Feels weak and short of breath.

Always "too warm," likes the cold weather best.

Upon this meagre picture, but based chiefly on his "marw" state, in connection with the time of aggravation of ulcer, 4 P. M. and at night when warm in bed, also being on the right leg, I prescribed *Lyc.* 43 m. and placebo. That was April 8, 1899. In two weeks time the ulcer had healed over to a great extent.

A patch of red papules had appeared on right thigh, with much itching; he then reported that some piles, which had bothered him for four or five years, external and itching, and for which he had used an application of salve, had ceased to bother him, much to his joy. One week later he reported *no pain* in ulcer, which is still healing over well, but an ulcer has appeared on left leg over site of an old bruise; I trusted to his dose of Lycopodium, received three weeks before, and accordingly for three weeks both ulcers improved; the right one had skinned over entirely and the left was closing up; but on May 20th (six weeks from time of first prescription) he needed a repetition as both ulcers showed signs of breaking down and the patient himself felt "disagreeable," as he described it.

From that time on there has been no trouble with the ulcers, and the patient has steadily gained generally, needing a repetition of remedy about every six weeks or two months. He has developed a good deal of his "itch," as he calls it, and this is ameliorated by bathing the affected part in as cold water as he can find. The bowel movements are regular and normal now, and the man has become a thorough convert to Homœopathy. It is interesting, too, to note that he has lost his love for tobacco since commencing treatment, having always been an inveterate smoker.

DISCUSSION.

Dr. Campbell: Did you make any suggestion as to the smoking?

Dr. Ives: No, I knew nothing about it, did not know the man was in the habit of smoking until he spoke of it, saying he had lost all desire for his tobacco.

Dr. Morgan: I do not know that I can say anything about the paper, only that it describes the situation at Washington wonderfully well.

Dr. Loos: Now they have the monument up, if we can only make the people know what it means.

Dr. Campbell: It meets a hearty response in my mind; if there is any way by which we can make ourselves aggressive.

Dr. Close: That has to be looked at from the homœopathic

standpoint. We don't want to be allopathically aggressive but homœopathically effective.

Dr. Loos: Our work is not going to be done by fighting, but by working along the lines of truth. I went to Harrisburg thirteen months ago, and did not know the doctors; but had some patients who knew something about Homœopathy, and they wanted a homœopathic physician. I have had a great many patients there, some who had tried mongrelism and some the Old School physicians, and they have told me there is no homœopath in Harrisburg; some have been delighted to find one, and they say, "You do not practice Homœopathy, it is different from the other homœopaths."

Chairman: I have had a similar and very interesting experience. Framingham has had little acquaintance with homœopathic physicians, and there has been much pioneer work to do; but at present we have a hospital there of about thirty beds, which is on the combination plan; I am the only homœopath and the rest are good, honest Old School men. We work in perfect harmony. I am a member of the Board of Trustees, a member of the staff, and one of the teachers in the training school for nurses, and all these things are perfectly harmonious, and for this reason: the chairman of the staff says quite frequently, when some out-of-town physician is there, pointing to me, "Here is the first and only honest homœopath that I know." They have no respect, as Dr. Ives has said, for men who practice mongrelism. I believe that the greatest "fighting" can be done in a quiet, dignified manner, and talking very little except where people really want to know the truth.

Dr. Close: That is the greatest form of restraint; "Resist not evil" does not mean that you are to do nothing to overcome evil, but that you are to overcome evil with good. It is a question of method. Aggressiveness excites aggressiveness in opposition. My experience in Brooklyn is somewhat similar in this way, that I know quite a number of allopathic physicians and regard them as my personal friends. It is a frequent experience at the meeting together of allopathic physicians, socially or casually, to have one whom I know introduce me to another whom I do not know as "a real homœopathic physician," an

honest man, and it has occurred so frequently that I am practically certain that the allopathic profession, as a whole, is pretty well aware of the condition of things in the homœopathic profession, and that they have no respect whatever for the man who calls himself a homœopath, but practices in any style, while they do have a genuine respect for the true homœopathician.

Chairman: And they recognize that he can do something which they cannot.

Dr. Morgan: I have had quite an experience in Baltimore with one of the leading surgeons; he speaks of me as an honest man, one who practices Homœopathy according to principle, and a man who can be relied upon.

Dr. Campbell: It is not the allopath we must fight, but those who sail under the flag of Homœopathy and yet know nothing about it. I am often asked for a statement of the facts by my patients. They will say, I have had homœopathic treatment. No, I say, you have not had it. What can we say and how can we point out the difference? I would have something by which to teach the people where can I get information that will show the difference? It is the professed homœopaths that are cutting up our people and poisoning them, and yet sailing under our flag!

Chairman: There is that little pamphlet of Dr. Kent's on "What the people should know."

FIFTY YEARS WITH PSORA.

W. L. MORGAN, M. D., Baltimore, Md.

Back in the forties, before the gospel of Hahnemann had reached the peaceable people of the hilly country of Northwestern Virginia, when schools were scarce and families lived far apart, our little eight-year-old hero walked two and a half miles to school, and, like many others, got what was then called the seven year itch, so-called because it was supposed to be incurable under seven years. The five boys and parents all felt the discomfort and disgust of so loathsome a disease, and consulted an eminent medical doctor, who directed Flowers of Sulphur oz. 1 and Lard 16 oz. to

be mixed as an ointment, and to be rubbed well into the skin before a hot fire. All preparations were made, and just before bedtime the five boys were in an old log kitchen, before a big wood fire, rubbing one another with the greasy stuff. Little Willie stood too close to the fire, and as a result his shins were red for several days. By wearing bags of sulphur around the necks there was no more itch. But soon after Willie began to have growing pains, which got worse as time went on, till finally it was called sometimes rheumatism and sometimes neuralgia. A little later very offensive foot sweats developed, and all the excretions of the body became exceedingly offensive. This made life miserable for twelve years, in defiance of the best medical management that could be found, until a Methodist minister, who had added to his work as a minister of Christ the work of extending the gospel of Hahnemann, took charge of the case, and in a few months removed the offensive secretions and much modified many of the other unpleasant symptoms. But enough of the miserable and bad feelings, both mental and physical, remained to render existence a continual torture, and greatly interfere with the usual business of life, as they caused many serious disadvantages.

When this condition had resisted all kinds of treatment, and all potencies from the strong tinctures to the C. M., Silicea among the rest, the case was written up and sent to Dr. J. T. Kent, who sent *Sil. cm.* In thirty days there was no effect. He sent *Sil. mm.* In twenty days all the symptoms were aggravated, and this continued. There was most intense itching on the shins where the Sulphur was roasted in over fifty years before, and the itching could only be palliated by scratching the skin till it bled freely two or three times a day. This continued over six months, with relief of all the other symptoms, which have not appeared since. I should say that Dr. Kent raised the potency two or three times during the treatment.

In this case we see (1) the great evil of heroic suppressive treatment; (2) the long and distressing consequences of such hasty procedures; (3) that the true remedy, properly used, will bring about such a state of the system as to re-develop the suppressed disorder and cure the patient; (4) that, after the right remedy, the potency is an important consideration in curing the case.

This case is given to add another to the list that may be collected from homœopathic literature of cases re-developed and cured by patient work and the true simillimum in suppressed diseases.

HYDROCELE CURED WITHOUT OPERATION.

W. L. MORGAN, M. D., Baltimore, Md.

January 5, 1900. James C.; age, 49 years. Tall, slender, light complexion. Machinist and mechanical engineer; his special business is moving heavy machinery.

Has been troubled for several years with a small hydrocele of the right side of the scrotum and had been tapped once, but without any advantage. A few weeks ago, and after doing some heavy work in bad weather after recovering from an attack of grippe, came home with the right side of the scrotum greatly swollen and sore, some inflammation, and part very red. The upper end of the swelling was very hard like cartilage and appeared to be hollow, like the half of a goose-egg shell broken in two in the middle; the edges were springy like cartilage. The lower half appeared to be filled with fluid; the testicle could be felt in the lower point; he suffered at the same time with tired, aching, languid feeling all over, and with a heavy undulating, or indescribable pain in the head, and fine, sharp, stitching pains in various parts and in various directions. All this made it clear to me that grippe, the then epidemic, was at the bottom of the trouble and required the first attention, and that *Cimicifuga*, the epidemic remedy, was the first thing to use. He got *Cimicifuga* 200 in water, a teaspoonful every four hours for two days. I had learned that the grippe used up remedies very fast, and especially *Cimicifuga*, during this epidemic, and so it was repeated often.

January 5th. The head symptoms, with the indications of grippe, were gone, leaving some of the muscular soreness, and the soreness of the scrotum worse, with a nervous fear of its being hurt, which indicated, and I gave him *Arnica m.* and s. l., which was continued till

January 12th. The soreness absent, no fear of being hurt, no fever, a little puffing under the eyes, a little feeling of swelling in the face, with a slight irritation in the urethra when urinating, and absence of thirst, Apis cm. and s. l.

January 17th. Improvement stopped since last night, Apis cm. and s. l.

January 28th. Apis cm. and s. l.

February 14th. Improvement getting slow again, Apis cm. and s. l.

Three weeks later reported perfectly well and very happy that he had escaped a surgical operation, and had saved his organ in good health. In another three weeks reports that his health is better than it has been for many years.

The only remarks I consider in place here are, that most of the cases I have treated during the past six months have been complicated with gripe and have required to be treated accordingly; and that, in almost every case, Cimicifuga was the remedy and did its work well, and often cured the whole case. I am free to confess it almost became a routine remedy.

A BAD VACCINATION DEVELOPED AND CURED BY MALANDRINUM.

W. L. MORGAN, M. D., Baltimore, Md.

April 22, 1900. John M., age 12 years, slender, pale, feeble looking. Had been vaccinated two years before. Pustule did not develop properly. He now shows signs of deep-seated disturbance, as his mother said, "A general run down condition," always tired, canine appetite. From the general symptoms and suspecting some suppressed disease, he got Calc. carb. cm.

April 27th. Had scattering umbilicated vesicles all over, with spreading base, some of them beginning to turn opaque or purulent, looking much like small-pox.

I gave Malandrinum dmm. (Swan) and s. l.

29th. The eruption was much worse, spread to large, scabby sores, mostly about the mouth, interfering with talking and eating, and feeling very uncomfortable.

May 20th. The eruption all gone, skin smooth, no marks but a red place on the back of one hand, which was last to scale off, and in every way doing well.

DISCUSSION.

Chairman: I am interested in the use of Malandrinum, and have recently had occasion to prescribe it. If the case is cured I shall want to add it to Dr. Morgan's experience.

Dr. Loos: Dr. Cooper reported a case in which Malandrinum cured results of vaccination lasting for many years.

Dr. Campbell: What indications were there, Dr. Patch?

Chairman: It was simply this: some friends are living in Germany, in a large family; one of this family has suffered from vaccination, some form of skin disease. They have written me to know if anything can be done, as the physicians there have all failed; it is too far away to be able to get many symptoms, and as they trace the trouble directly to vaccination I have sent them two powders of Malandrinum.

Dr. Campbell: I am thinking of giving it in the case of a child who is suffering from the after-effects of vaccination.

ERYSIPELAS—APIS MELLIFICA.

FRANK W. PATCH, M. D., South Framingham, Massachusetts.

Man of seventy years, short, thick set.

On February 13, 1900, taken with severe chilliness; no thirst; stupid sleepiness; spasmodic cough (old symptom); tongue thickly coated, yellow; swelling and tenderness of the nose. During the following week these symptoms developed: Increased redness and swelling of nose, spreading to right eye and ear, then forehead and left ear, and later involving tissues of the neck—marked puffiness and oedema; stinging pain; symptoms and sensations worse in afternoon and before midnight; worse from noise; stinging pain in parts involved; mental confusion; later there developed great thirst for cold water with a very dry, hard tongue; frequent urination; restlessness; forgetfulness, a

drowsy, stupid state with more or less mental wandering or mild delirium. There were aphthous ulcers in the mouth and yellow, watery stools, often almost involuntary.

The local œdema now involved the left ear and side of neck and the greater part of the scalp; the patient was rapidly failing.

During the latter part of the night of February 21 he began having frequent spasms, which continued until my visit in the early morning; at that time the patient would draw himself forward with the whole muscular system rigid and eyes set, he would throw up his arms and while the body swayed from side to side utter the most terrific screams one could imagine, falling back on the pillows as relaxation came on. These spasms occurred about every five minutes. A dry dose of Apis mel. cm. was put upon the tongue, and later two or three doses given in water. After the medicine was administered there was but one more spasm, lighter in character, and from that time the progress toward complete recovery was continued and satisfactory. It may be asked, why was not the Apis given in the first place? The presence of thirst after the first day or two prevented consideration of that remedy until the brain had become involved and the symptoms were so marked that no one could mistake them. We are accustomed to think of Apis only as a thirstless remedy, but it is well to remember that under certain circumstances it does have as marked a thirst as Belladonna or Bryonia, and that this is borne out by the provings as well as in clinical results.

DISCUSSION.

Dr. Carleton: That is a good paper which goes right to the point.

Dr. Loos: That reminds me of a remark of Dr. Kent's. You say, "Why was not Apis given in the first place?" and that remark was, "You cannot wait too long."

Dr. J. Campbell: Was the thirst very severe? ch

Chairman: Yes, the mouth was very much parched, the tongue dry and brown; I had no idea that the patient was going to live. From the thirst and everything else it seemed that Bryonia must relieve. The result was something intensely interesting to watch, because after that time he progressed so steadily and so beauti-

fully. Since that time I have had no occasion to prescribe for the man at all.

Dr. Carleton: We all need the lesson not to give on one symptom.

Chairman: That is why I think it benefits us to report these blundering cases; they come in in the rush of business, and we have not time to sit down and study them out.

THE PECULIAR TONGUE OF VERATRUM VIRIDE.

BY EDMUND CARLETON, M. D.

A number of years ago I came to the conclusion that a red streak down the middle of a yellow-coated tongue is as strongly indicative of *Veratrum viride* as relief from lying upon the painful side is of *Bryonia*. Later experience confirms this belief. (*Note*.—*Ant. tart.*, tongue red in streaks; *Cham.*, tongue red in middle, white at sides.)

This symptom developed in provings by "B. G., aged forty-six years; had rheumatic pains in the back, hips and side, superficial veins of scrotum varicosed, pains along the spermatic cord, dull heavy pain in frontal region, with vomiting; took drop doses of tincture every half hour for four days;" and "three days later took five drops first dec. every fifteen minutes." The first experiment brought out the symptom in question, but not very prominently, on the fifth day. Speculation as to what would have shown from the same dosing later on is in vain; but it should be borne in mind that the second experiment began on that same fifth day. The first and second days of the second experiment witnessed a full demonstration of the symptom.

This symptom, reported by a single prover only out of a total of forty-two provers, is a grand characteristic. Let me cite briefly three cases out of many in verification:

(1) A feeble woman nearly seventy years of age, with severe rheumatic fever, which demanded a guarded prognosis, had this symptom very distinctly. There were other symptoms of a general nature in plenty. This one, being characteristic, decided the

choice. *Veratrum viride* 200th, in water, wrought a speedy cure.

(2) A woman, of about sixty-five, subject for many years to numerous trials, vicissitudes and anxieties, bore up well under them by virtue of a strong constitution. About a year ago she noticed rapid loss of flesh, insatiable thirst and sticky urine. Urinalysis demonstrated a bad case of diabetes mellitus. Diet and regimen were regulated. Most of her subjective symptoms were general. She was languid, weary, depressed in spirits, mentally confused, and had a yellow tongue with a bright red streak down the middle. *Veratrum viride* 200th, in water, brought rapid improvement, although she is not yet entirely well. Improvement stops if she does not take an occasional dose of the medicine. There is yet a trace of the red streak along the middle of the tongue.

(3) Miss J. B. C., twenty-two years old, was commonly supposed to be a hopeless case, after professional and domestic medication. She had chronic gastritis with enormous abdominal distension and tympanites, enlarged liver, alternate diarrhoea and constipation, and dysmenorrhoea. Finally she was persuaded to "try Homœopathy." I dissuaded a "trial," and after some plain talk secured an unqualified enlistment. It should be said, that surgeons had also diagnosed fibroid tumor of the uterus, which my examination did not confirm. Among her symptoms were these: Nausea after cold drinks; spitting up mouthfuls of undigested food; sour vomiting; incarcerated flatulence, relieved by heat; red sediment in the urine. *Lycopodium* caused a material improvement but did not cure. Although she had become able to assist in household duties, she was not well. Then the following symptoms appeared: Cold, blue, sweaty face, body and limbs; tongue yellow with red streak down the middle; restless sleep; full, hard pulse. *Veratrum viride* 200th, in water, relieved. Under date of June 11th she writes to tell me of this; and adds: "Oh! I am so thankful." * * * "I am eating everything in sight." More time must elapse before a cure can be announced.

DISCUSSION.

Chairman: The condition of the tongue is really indicative; it

should be taken a good deal of notice of under many remedies. The tongue of *Ant. tart.*, for instance, somewhat resembles that of *Belladonna*. The condition of the tongue may be a guide in determining whether we shall let the remedy that we are using act longer. We may see a change in the tongue before noting a change for the better in any other symptom, and by this means we leave the remedy undisturbed, even though we do not see other improvement at that time.

Dr. Campbell: That is you consider it as a voice from the interior.

Chairman: Most decidedly so; it sometimes guides me to a considerable extent in the choice of a remedy in intermittent fever.

PATIENTS OR DISEASES?

DR. JOHN H. CLARKE, London, England.

Among the opening addresses at the medical schools that of Dr. Clifford Allbutt delivered at the Middlesex Hospital was one of the most noteworthy. It was entitled "Abstractions and Facts in Medicine;" and from the passage we shall quote it will be seen that the lecturer has picked up a few notions which are axioms in Hahnemann's School, but which the worthy doctor seems to think are rather novel. We quote the passage as it stands. A good deal of it might have been taken from Hahnemann's own works:

"In turning to the present state of medicine, the speaker found in it a wholesale tendency to the fall of diseases, as abstract names, and to the rise of the patient. In like manner principles of causation and therapeutics are happily falling out of fashion; and cautious—he might say 'opportunistic'—use of facts and tentative methods are taking their place. The iatro-mechanical principles of medicine were followed by the iatro-chemical, by doctrines of stimulants, of anti-phlogistics, of irritability, and so forth. Even in our own day we had witnessed the vogue of such a general principle in *similia similibus curantur*. He trusted that with this healthy reform of method physicians would become even

still more careful in reasoning in abstract terms. It must be remembered that every abstract term is such by virtue of more or less negation, it is in itself more or less negative. By these negations we get a language void of much of its contents for purposes of rapidity, as one travels on business from London to Edinburgh; but we are apt to forget that in the convenience we sacrifice nearly all knowledge of the country over which we ride. In congratulating modern physicians on the fall of disease and the rise of the patient, he congratulated them on the growing perception that there is no such thing as, say, "enteric fever" or "diphtheria;" these are not things, but abstract conceptions, the realities being large numbers of individual patients, no two of whom are alike, and many of whom are very unlike. By riding in our railway train over all these cases we lose touch with things; in speaking of the causes of enteric fever, for instance, we are tempted to forget that we speak of the causation of an abstraction, and to formulate abstract, that is more or less negative, causes. When by an effort we bring ourselves down to the causes of a particular case, or, again, to the treatment of the particular case, we realize how hollow our conceptions may become if we persist in reasoning in abstract terms only. Thus in therapeutics we persist in writing volumes of empty stuff about tonics, alteratives, and so forth, which is but pasteboard knowledge. The remedy for this easy vice is reiterated and indefatigable reference of every abstract term to its supposed content of facts, and of principles and names of disease to patients; thus each case will be treated, not according to its catalogued routine, but according to its individual needs."—*British Medical Journal*, October 6th.

It is something to find a man in Dr. Allbutt's position not entirely blinded with academic lore; but after all he has only got one eye open. He recognises that diseases do not exist but only diseased individuals; and he seems to imagine that to have attained this much clarity of vision is a very praiseworthy achievement. He classes Homœopathy with the discarded systems of the past, as one of the hindrances to the clear vision of this fact. For he seems to argue that the very existence of a general principle of treatment must be based on a claim that diseases do exist. As far as the "iatro-chemists" and "iatro-mechanics" are con-

cerned there is some justification for this argument. Of Homœopathy Dr. Allbutt knows less than nothing at all, or he would have known that the particular virtue of this system is that it does *not* treat "abstract diseases," nor does it treat patients in classes but as individuals, and that it has a method of *individualising remedies* as well as patients. The lack of a means of individualising remedies on the part of the school Dr. Allbutt represents renders all the fine talk about individualising patients fine talk and nothing else. When you have individualised your patient what, according to Dr. Allbutt, are you to do with him? Having got rid of "principles of causation and therapeutics"—there is nothing like throwing your principles overboard if they refuse to work, so we do not blame the Old School for this—and ignoring the teaching of Homœopathy, Dr. Allbutt offers this practical outcome to an expectant profession:—a "cautious—he might say, 'opportunistic'—use of facts and tentative methods!" How very consoling, to be sure! *Experimentum fiat in corpore vilo* is what it all comes to. Having individualised your patient, you must proceed to apply "tentative methods." That is to say, you must pour in your drugs—cautiously, no doubt—but pour them in, and then stand by and see what turns up! It seems to us that it is just as handy to treat patients by the gross—to treat their diseases, in fact—as it is to individualise them for no better purpose than this.

No, Dr. Allbutt, you will do better to stick to the old lines and not worry yourself or your students with ideas about "individualising" unless you are prepared to go the whole length and accept the doctrine that "like cures like." If you will do this you will not merely individualise patients, as Hahnemann taught you to do; you will also individualise remedies, as he could teach you, if you were not too stupid to learn. Then your "caution" would give place to confident and enlightened practice, and your "tentative" dosings in the dark, your experimental physic, would disappear, and you would understand what scientific treatment really is.—*Homœopathic World*, Nov., 1900.

MALANDRINUM.

The *Homœopathic Recorder* gives the following proving as written by Dr. Straube. The provings were made in 1881 and 1883, and with the 30th potency; and accordingly do not appear in the *Cyclopædia of Drug Pathogenesis*, nor in Allen's *Encyclopædia*.

Head, Inner.—Frontal and occipital headache. Dulness. Dizziness.

Head, Outer.—Impetigo covering head from crown to neck and extending behind the ears. Thick, greenish crusts with pale, reddish scabs, itching worse in the evening.

Eyes.—Red stripes under the eyes.

Ears.—Profuse, purulent, greenish-yellow discharge, mixed with blood.

Tongue.—Coated yellow with red streak down the middle (typhoid), also cracked and ulcerating down the centre. Tongue swollen.

Stomach.—Vomiting of bilious matter; nausea.

Abdomen.—Pains around the umbilicus.

Stool.—Dark, cadaverous-smelling. Yellowish, foul-smelling diarrhœa.

Sexual Organs, Females.—Vagina closed with impetiginous crusts. Yellowish-greenish-brown in colour.

Back.—Pain along back, as if beaten.

Upper Limbs.—Impetiginous crusts on the extensor sides of forearms.

Lower Limbs.—Pains, especially in the left tibia, with petechiæ-like patches on anterior aspect of left leg from knee to ankle. Petechiæ on both thighs, worse on left.

All the Limbs.—Sore pains in limbs and joints. Run-arounds on the nails of hands and feet.

Time.—Worse in evening.

Skin.—*Small-pox, measles*; also as preventive. Impetigo covering back of head, extending over the back to buttock, and even

into the vagina; covering the labiæ. Impetigo on extensor of forearms. Boils. Malignant pustule. Bad effects of vaccination. Small, dusky red spots on legs, not disappearing on pressure. (Typhoid fever. Petechial typhus.)—(*Hahn. M.*)—*Homœopathic World*.

ANTITOXIN.

"It may be interesting to those who believe in the use of antitoxin as a cure for diphtheria to know that Charles Floyd McClure, of Milwaukee, was taken sick with the disease on Tuesday evening and died the next day (Wednesday), after an injection of serum, in convulsions. Yes, brethren, there are some things we do not understand in this world, and this serum business is one of them."—*Medical Visitor*, June, 1900.

"To sum the matter up in a nutshell it would be better stated in this wise: Fifteen cases of diphtheria were treated by the writer, of that number six had antitoxin and every one of them is dead. Nine others, subjected to the same influences, receiving precisely the same nursing, were treated as nearly homœopathically as ability permitted and recovered. There is something in the inexorable logic of facts that one cannot easily get around. We give these facts for the consideration of those who are still looking for a specific, stating that in our honest belief there will never be found a specific for anything."—*Harvey B. Dale, M.D., in Medical Visitor*.

AN ALLOPATH, OF COURSE!

There are advantages possessed by the "regular" who dispenses his own prescriptions which must not be overlooked. We quote the following from the *Chemist and Druggist* of February 10th:

"THE DOCTOR AS DISPENSER.

"In the current number of the *Windsor Magazine* is a cartoon by Mr. Malcolm Patterson, entitled 'A Bad Look-out,' which

represents a stout and respectable-looking old gentleman facing a slim and athletic-looking squire. The following conversation takes place between them :

Squire : Good morning, Miggs. How's your wife to-day ?

Miggs : She's very bad, sir—won't last the night.

Squire : Dear me—that's bad news ! But why do you anticipate the worst ?

Miggs : Doctor said so, sir; and he's the only man livin' as knows wot 'e give her.'—*Homœopathic World*.

SOME COMMENTS.

DR. J. A. BIEGLER, Rochester, N. Y.

I fully appreciate the value of the JOURNAL. It will accomplish more in introducing physicians, especially students, in the principles of Homœopathy than all others.

DR. W. A. YINGLING, Emporia, Kans.

I like the JOURNAL OF HOMŒOPATHICS very much.

DR. ERASTUS E. CASE, Hartford, Conn.

Its Hahnemannian tone is very pleasing in this age of eclecticism.

DR. F. A. PORTER, Pittsburg, Kans.

The JOURNAL is not only in harmony with my own views, but supplies my daily needs as food.

DR. H. W. RUSSELL, Germantown, Ill.

Your JOURNAL has been of great help to me and I heartily wish you continued prosperity and appreciation.

DR. A. KATHERINE KLEIN, Jersey City, N. J.

Enjoy it as much as ever and am pleased to think it will continue.

CASUAL COMMENTS.

DR. P. KRICHBAUM, Upper Montclair, N. J.

The JOURNAL is a welcome visitor.

DR. W. H. DIEFFENBACH, Jersey City, N. J.

This is money well spent. Your JOURNAL deserves the support of all students of the homœopathic method of cure.

DR. L. HOOPES, West Chester, Pa.

It is one of the best JOURNALS printed. I would not know how to do without it.

DR. MAYBELLE M. PARK, Waukesha, Wis.

I am glad you can carry on the good work.

DR. E. S. SNYDER, Lancaster, Pa.

I enjoy reading your JOURNAL very much.

DR. ELLEN HUTCHINSON GAY, Boston, Mass.

It is exceedingly valuable to me, and I shall always subscribe for it.

DR. HUGH HOVER, Stanford, Ill.

I assure you that I appreciate the JOURNAL very much.

DR. MARY T. HALL WILLIAMS, Penzance, England.

I am very pleased with the JOURNAL. It has been of the greatest service and help to me.

DR. MARY F. UNDERWOOD, San Francisco, Cal.

Your JOURNAL is the only truly homœopathic journal we have.

DR. W. T. DECOSTER, Windsor, Minn.

Can't do without it.

DR. J. H. BOWERS, Cresco, Iowa.

The JOURNAL is all right and I like it.

DR. T. N. DRAKE, Bangor, Me.

I enjoy each number.

NEW BOOKS RECEIVED.

ANOMALIES OF REFRACTION AND OF THE MUSCLES OF THE EYE, by Flavel B. Tiffany, A. M., M. D., Professor of Ophthalmology and Otology of the University Medical College of Kansas City, Mo., etc. Author's fourth edition, Kansas City, Mo.: Hudson-Kimberly Publishing Co.

ENLARGED TONSILS CURED BY MEDICINES, by J. Compton Burnett, M. D., London, England. Philadelphia: Boericke & Tafel, 1901. Price, 60 cents; by mail, 65 cents.

PRACTICAL HOMŒOPATHIC THERAPEUTICS, by W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homœopathic Medical College, etc. Philadelphia: Boericke & Tafel, 1901. Price, cloth, \$2.50; by mail, \$2.70.

STUDIES IN THE PSYCHOLOGY OF SEX. The Evolution of Modesty. The Phenomena of Sexual Periodicity. Auto-Erotism. By Havelock Ellis. 6¾ x 8¾ inches. Pages xii-275. Extra cloth, \$2.00, net. Sold only to physicians and lawyers.

F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL. D., M. D., Professor of Clinical Medicine at the Chicago Post-Graduate Medical School, etc. Fifth revised and enlarged edition. With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumin, reaction of proteids, sugar, etc., etc., in urine. 6 x 9 inches. Pages xvi-406. Extra cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

A TEXT BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M. D., Gynecologist to Columbus Hospital, etc., etc., with the collaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital, etc., etc. Third edition, revised and enlarged. Illustrated with fifty-two full-page photographic plates and one hundred and five illustrations in the text. 6½ x 9½ inches. Pages xiv-511. Extra cloth, \$4.00, net; sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

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FRANK W. PATCH, M. D., - Framingham, Mass.

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NO. 11.

DEPARTMENT OF MATERIA MEDICA.

ACONITE.

Lecture delivered by PROF. KENT, at Dunham Medical College, Chicago.*

This afternoon we will take up the study of Aconite. Aconite is a short-acting remedy. Its symptoms do not last long. It is a violent poison in large doses, either destroying life, or passing away in its effects quite soon, so that if the patient recovers at all the recovery is not delayed. There are no chronic diseases left behind it. Like a great storm, it comes and sweeps over and passes away. By a little meditation we will discover what kind of sickness all this is like, and what kind of a patient is most likely to have that short, sudden character of sickness. If we think a moment from experience and homœopathic observation, we will remember that vigorous, plethoric individuals, when they take cold, come down violently, whereas feeble people, weakly, sickly people, come down and recover slowly from acute diseases, and do not become so violently and so suddenly sick. From this, and from examining the sudden effects of Aconite, it will be easy to see that persons who come down with Aconite sicknesses are plethoric individuals. Strong, robust people, rugged children, hearty infants become sick, not a very slight cold, or from slight exposure, but from more violent exposure. From being exposed with deficient clothing, from sudden, violent changes, from prolonged exposure to the cold, north, dry wind. A vigorous person caught out with thin clothing, or remaining out in the cold, dry air of mid-winter with its sudden violent changes, comes down even before night with violent symptoms. That is the class of

* Stenographically reported by Miss Williams.

patients, the plethoric and vigorous, who have a strong heart, active brain, vigorous circulation, and come down suddenly from violent exposure.

Aconite has in its nature none of the results usually following inflammation. The storm is over so quickly that it seems mostly to conform to the earlier condition. In these vigorous patients sudden congestions are likely to be thrown off by good reaction. The patient seems to be threatened with a sudden and violent death, but recovery is quick. So, as was observed by Dunham, it is a great storm and soon over. Dunham's discussions of this remedy in his *Materia Medica* are very poetical and are well worth reading.

Attacks of all sorts come on suddenly from exposure to a dry, cold wind. In plethoric children we get an illustration of that in the sudden congestion of the brain with intense fever, or with convulsions. We get illustrations of its suddenness and violence in any organ of the body, the brain, the lungs, the liver, the blood, the kidneys. It is suited to the complaints that come on suddenly from the very cold weather of mid-winter, or from the intensely hot weather of mid-summer. It has the lung and brain complaints of mid-winter, and the bowel inflammations and stomach disorders of mid-summer. We know how these plethoric individuals become suddenly over-heated and become violently sick. Their sudden attacks are frightful to look upon. All these inflammatory conditions are attended with great excitement of the circulation, violent action of the heart, a tremendous turmoil of the brain, a violent shock with intense fear.

The mind symptoms that are always, or nearly always, associated with Aconite conditions stand out in bold relief, and it is no wonder. The patient feels the violence of his sickness, for he is under a great state of nervous irritation, nervous excitement. Fear is depicted upon his countenance, and the heart's action is so overwhelming the first thing he thinks of is that he must die; this must mean death, which he fears. It stands out upon his countenance. He says, "Doctor, there is no use; I am going to die." Many times he actually predicts the moment or the hour of his death. If a clock is in the room he may say that when the hour hand reaches a certain point he will be a corpse. When we

see this intense fear, this awful anxiety, great restlessness, the violence and the suddenness of these attacks we have a case perhaps that is dying from the poison of Aconite, or one who needs Aconite. One who has a sickness resembling the poison of Aconite needs the smallest possible dose of Aconite. It is a very short-acting medicine, and that must be remembered.

Now it hardly matters what part of the body we go into we will find inflammatory conditions. But regardless of the region or the locality of the inflammation, that which I have described before you is the appearance of the patient. That is the way the patient looks. Those are the symptoms that will stand out, that you will observe first; the appearance of the face, the mind symptoms, the restlessness, the intensity. Now there are lots of other little mental symptoms that are of much less importance than this fear, this anxiety, symptoms that will be masked by these marked symptoms that indicate the patient alone, mental symptoms that do not so much indicate the patient alone, though they are of the mind. He has lost all affection for his friends. He does not care what becomes of them, he has not the slightest interest in them. It sometimes may be a state of indifference.

We want to go through the Aconite text somewhat, not only to tell you what to do, but to tell you what not to do with some of the symptoms. What I have brought out will enable one to readily see that this picture does not belong to all the remedies in the *Materia Medica*. In fact, it belongs only to Aconite. No matter what remedy you compare this with, you would find it only under Aconite. You will find *some* of the features in the text under other remedies, but that which I have mentioned you will find only under Aconite. I have described only an Aconite patient. Take the mental symptoms, intensity marks every one of them. If it is a delirium, it is an intense delirium, with excitement, with fear, with anxiety. Patients in delirium, with excitement, and fear, will weep, as in great torment. Great excitement, fear, fear of death. You wonder what she is weeping about. There are all sorts of moods intermingled also with the fear of Aconite. There is moaning and taking-on, irritability, anger, throwing things away, snap and snarl, with Aconite, all attended with the violence, anxiety. These features that I described as uppermost are intermingled with all the other symptoms.

"Screams with pain." That runs through the whole text. The pains are like knives, they are stinging, cutting, stabbing. The intensity of the Aconite suffering is wonderful, so that if the nerves take on neuralgic pains the pains are wonderfully intense. It is the feeling that some awful thing must be upon him, or he could not have such dreadful suffering. It says in the text, "predicts the day of his death." This to a great extent is the result of the awfulness that seems to be overwhelming him. And this mental picture is always present, in pneumonia, in inflammatory conditions of any part of the body, in inflammation of the kidneys, of the liver, of the bowels, etc.

Dizziness prevails throughout all this symptom picture as well. "Vertigo, turning and whirling." A woman out shopping runs up suddenly against a dog and becomes violently dizzy, she cannot even get to her carriage, "Vertigo that comes on from fear, from sudden fear, and the fear of the fright remains." There is a remnant of that fear left, but it will lead you on more strongly towards *Opium*. "Complaints from fear. Inflammation of the brain from fear, dizziness from fear." Even congestion of parts as a result of fear. A turmoil in the whole sensorium. Things go round and round.

The *headaches* can hardly be described, they come with such violence. Tearing burning in the brain, in the scalp, attended with fear, with fever, with anguish; headache from taking cold, from suppressing catarrh of the nose. Catarrh stops suddenly in plethoric people, from exposure, from riding in the dry cold wind such as we have in this northern climate in mid-winter. "Violent headache over the eyes. Congestion of the brain, with congestive headache, with anxiety, with hot face."

Then you come to a great lot of eye symptoms, the symptoms that would lead you to give Aconite for affections of the eye. Eyes take on sudden inflammation. Congestion of the eye. Blood red appearance of the eye. Sudden inflammation of all the tissues; conjunctivitis, etc., from taking cold, from exposure to dry, cold winds.

There is a teaching that has prevailed for quite a long time: give Aconite for the first stage of an inflammation. It is not good teaching, although it is recommended in all of our books to give

Aconite for the first stage of inflammation. It does not say for what kind of a constitution, or how it comes about. Do not practice that way. Get all the elements for an Aconite case, if possible, or give a better remedy. Another practice has prevailed, viz., giving Aconite for fever. Aconite was the fever remedy of a good many of our early routinists, but it is a bad practice.

But Aconite has an inflammation of the eyes that comes on so suddenly that you wonder how all that inflammation came in so short a time. The eyes take on great swelling without any discharge, or only very watery mucus. The sudden inflammations that come on with thick discharges would never be Aconite. Aconite has no results of inflammation. It has great swelling, coming on suddenly but suddenly going away again. You almost wonder how such a swelling can go away so soon. Those conditions that are about to take on the results of inflammation will always indicate some other remedies than Aconite. You are not to think of Aconite in fever unless the Aconite patient is present. With the Aconite fever there will be sensitiveness to light. "Great restlessness with fever." Eyes staring, with pupils contracted. "In the earlier stages," it says here, "violent aching and inflammation of the deep structures of the ball." This is entirely clinical, is an opinion and should never have been put in the text. Give Aconite only when the symptoms agree—not for a stage of anything, and not because it is an early stage. An inflammation that is about to run a prolonged course, to take on suppuration, or if it is mucous membrane to take on a discharge of pus, will never show you the symptoms of Aconite. I never have known such a thing. I never have known any one who has seen such a thing; such conditions are likely to be closely allied to those that are sycotic. Never give Aconite in blood poisoning, such as we find in scarlet fever, in typhoid fever, etc. We find nothing of the violent symptoms of Aconite in such conditions. The nervous irritation is never present, but the opposite, the stupor, the laziness, the purple skin—whereas Aconite is bright red. Never give Aconite for any form of zymosis whatever, for it has no zymotic history. There is no thought of such a remedy as Aconite in the slow coming, continued fever. There has been such foolish teaching as to say give Aconite for the first stage of

typhoid fever. Aconite has no symptoms at all like anything that begins the slow types of the continued fevers. The Aconite fever is generally one short, sharp attack of fever. It is in no way related to an intermittent fever, as it has no such symptoms. You might find something that would fool you in one attack of intermittent fever, but the very fact that there was a second one would shut out Aconite. Some remedies have periodicities or waves, Aconite has no such thing. The most violent attack of intermittent fever will subside in a night if Aconite is the remedy. If it is not it is a pity that you made a mistake in giving it, for it will sometimes do mischief. All things that exist in a sickness must be taken into account, not only what the remedy does cover, but what it does not cover.

Aconite has inflammation of the eyes, with burning and sudden swelling; the lids swell so rapidly that they cannot be opened except with great difficulty, and when they are forced open by seizing the margins of the lids with a pair of forceps drops of hot, watery blood will fall out, but no pus. This comes on rapidly from taking cold. Wherever there are inflammations of the mucous surfaces bloody water is apt to flow out. Suddenly the blood vessels become engorged and ooze, the blood vessels rupture and the capillaries ooze.

Inflammation of the *ear* comes on just as suddenly. "Throbbing, intense, cutting pains in the ear." The child comes home after having been out when there has been a sudden change to the north wind, and it was not sufficiently clad, and now it screams and puts its hand to the ear. The attack comes on early in the evening, after being out in the daytime. See how quickly these complaints come on in plethoric children. Fever and anxiety; child must be carried. The suffering is intense. Everything is intense about the remedy. Noise intolerable. Music goes through every limb, so intense is the sense of hearing. Everywhere in the body will we find that same intense condition of the nerves. Wherever there are complaints they are intense, violent, and the patient is always in a state of anxiety, in a state of irritability. "Stinging, burning, rending, tearing, cutting pains in the ear."

Another practice in some places is to make Aconite a routine

remedy for every bad cold in the nose. The patient comes down with coryza, he gets Aconite. Others are just as routine in giving *Nux vomica*. Both of these are wonderful remedies for coryza when indicated. If attended with violent headache, coming on in the night after exposure and taking cold during the day, so suddenly, this short-acting, very quick-acting remedy will be indicated. The coryza that comes on from *Carbo veg.* come on several days after the exposure. The coryza that comes on from *Sulphur* also develops several days after the exposure. The *Carbo veg.* patient keeps on his overcoat when he comes into your office. In Aconite he goes out without any clothes to speak of, except his light clothing, and comes down, if he is a plethoric individual, before midnight.

But especially is it often indicated in the coryza of the baby, the rosy, chubby, plethoric baby. Not in the sickly ones, not in pale ones. These sickly ones will come down later; their vital activities are so run down, they are so slow that their complaints do not come on sometimes for two or three days. So that if you take a sickly one and a vigorous one in the same family and expose them both one will have croup tonight and need Aconite, and the other will have it in three days and need, perhaps, *Hepar*.

The symptoms likely to occur with coryza are nosebleed, headache, etc. The anxious face I have expressed; I can hardly add to it. It is one of the first things you will see if you go to the Aconite sufferer. The Aconite pneumonia will often show itself on the face. Look at the face; there is great anxiety there. It shows much of the proving of Aconite. You know there is much in the expression of the face that will enable you to read all that is going on in the body; it tells a big story. The pleasures and the sadness, and the distress of the human family, much of which you can generalize, and see at a glance that some great thing has happened. You only have to guess once or twice before you hit it. Here you have the anxiety.

"One cheek red and the other pale" is in a good many remedies, but the anxious expression, and the fear, and the heat, and the restlessness, and the suddenness with which it comes on in a plethoric individual,—yesterday it was very dry and windy—and you will at once place this one symptom with Aconite. But it

might be one of several other remedies, were other conditions present. "Neuralgic pains in the face, like hot wires running along either side of the face." The individual rides in the cold, raw wind quite a long distance, and his face was exposed to the cold wind. He becomes numb; then pain sets in, intense pain. He cries out and shrieks with the knife-like, cutting pains. Aconite will relieve that. "Crawling, creeping, like an ant." Aconite has that sensation along the course of the nerves. It has a sensation like ice water poured along the course of the nerves. Sciatica, when the sensation is felt down the nerve like ice water poured out. "Creeping, tingling and crawling in the face, with, or without pain." There is intense heat, intense fever in the face. The side of the face laid on will often break out in a sweat and if the patient turns over that side will at once become dry, and the other side will at once break out in a sweat.

Oh, what a comforting remedy it is for *toothache*. It has been so useful in toothache that nearly every old lady nowadays knows enough to put a drop of Aconite on a bit of cotton and put it in the old hollow tooth. It will quite often palliate. A dose of Aconite will act much better, but the poor old lady does not know such things. But the violence of the toothache; again the same old story, from the dry, cold winds, plethoric individuals, with hollow teeth, pain intense, knife-like cutting, shooting pains in the teeth. Sometimes these pains are in sound teeth and affect the whole row of teeth. Violent pains from exposure, such as riding in the wind. The pains are relieved and go away speedily after a dose of Aconite.

Disturbances of taste, disordered stomach. Everything tastes bitter, except water; and, oh, how the Aconite patient longs for water. It seems almost impossible for him to get water enough down, and it agrees well, too. "Everything tastes bitter except water." That is one of the old keynotes, and old prescribers give Aconite if everything tastes bitter except water, yet many remedies that do not have that symptom fit the patient; it is a little symptom.

Burning is a symptom that runs all through the remedy, you will find it descriptive of all the pains. Burning in the head, burning along the course of nerves, burning in the spine, burning in fever, sometimes burning as if covered with pepper.

Aconite is a very useful medicine in inflammation of the *throat*, when there is burning, smarting, dryness, great redness of the tonsils, or the fauces, the whole throat. Sometimes the soft palate is greatly swollen. A high grade of inflammation, acute inflammation of all that can be seen and called throat. But that alone would not indicate Aconite. It cures that kind of case, it cures inflammation of the throat, but every homœopathic physician knows that forty or fifty remedies could be selected just as well as Aconite from all that I have said. I have only mentioned a non-descript case. No homœopathic physician could prescribe upon that kind of evidence. But you note the kind of throat—every physician must ask himself the question: "What would make that kind of a throat an Aconite case?" And then the question would come up, could he not prescribe for it almost just as well if he had not seen the throat? The throat does not do much towards representing to an intelligent physician the patient. If it was necessary to represent to the mind of the physician the inflamed part itself, how would he treat the liver? because he cannot see it. How would he prescribe for the stomach? He cannot see it. We are then compelled to fall back upon that which represents to the intelligent physician the very nature of the patient himself, and then at once we will see the reason of some of these things. If you get the Aconite patient well brought before the mind you could prescribe. It would be well to see anything that is visible. If you could see the liver, I would say look at it. If you could see the heart, I would say examine it.

What is it in this throat that really represents the patient? Of course, any soreness of the throat makes it difficult to swallow. I mean to infer that there is nothing in the soreness to represent to the physician the Aconite patient. If that individual were a plethoric individual, if he had been riding in a cold, raw wind a good part of the day, and he had wakened in the night with a violent burning, tearing sore throat, and he could not swallow, and the fever came on high, and he had a thirst for cold water and he could not get enough of it, he was in an anxious, feverish state, you have then a *patient* to prescribe for. Many times will patients become intelligent enough under your observation to sit down and write just what some member of the family acts like.

You know just what the patient looks like. The black man will sometimes tell the best kind of a prescription, better than the Vassar girl, who writes us: "Doctor, will you please send the medicine; I have looked into the throat and it is red."

With the stomach symptoms what an anxious patient we have ! The pains are dreadful. Burning pains, tearing pains with anxiety, with restlessness, with fever, coming on from taking cold—not from overeating, but from taking cold, which has settled in the stomach, from exposure to an ice bath, or in a very hot summer from intense heat, associated with an irritable brain in vigorous children. Vomiting and retching, tearing, as it were, the very inside out by the awful retching. Then vomiting of blood, bright red blood. This is descriptive of the general stomach trouble. During this febrile state he craves bitter things, wine, and beer, and brandy, but they will come up as soon as they strike the stomach. He craves pungent things, nothing tastes bitter enough. "If he could only get something bitter." And yet his food tastes bitter, everything he eats tastes bitter, everything except water.

The word in the text is a clinical word; it says "gastric catarrhs." It is a very sharp, acute inflammation of the stomach. Retching, vomiting of bile, vomiting of blood. Ineffectual urging to vomit, when there is nothing in the stomach. With it the anxiety, the restlessness, the fear of death. The fear depicted upon the countenance makes an awful expression.

Then we take up the *liver*. Aconite is a wonderful medicine in inflammation of the liver, when it comes suddenly. It is not very useful in repeated attacks, but in the first attack. Violent inflammation of the liver, with violent, rending, tearing pains, and much burning. Then come the restlessness, the awful tortures of anxiety, moving constantly, fear of death, red face, glassy eyes, great thirst. "Anxious restlessness" covers nearly all of these things.

In the abdomen we will see there are shooting pains, heat, burning, stinging pains, which go the umbilicus, after exposure to violent cold, becoming chilled or almost frozen. We will soon come to think that it does not make much difference where the disorder occurs, we must have the Aconite patient. We also

have inflammatory troubles of all the tissues of the abdomen. It may be peritonitis, it may involve all the viscera. It may be a violent catarrhal inflammation. It may be a catarrhal condition of the lower portion of the colon, or a catarrhal condition of the rectum, when we will have a dysentery. In dysentery, that which is found in the commode is almost pure blood, blood and a little slime. It seems impossible for him to be removed at all from the commode. I have many a time gone into a room and saw that very trouble. Vomiting a little blood from the stomach, and passing bloody mucus from the rectum. Always they will predict they will die to-night, or in a few hours. They look as if they realized the sensation of death. Did you ever see anyone die in such a condition? They do not die in such agony. The whole body is in a state of anguish, but the tenesmus and cramp, the urging to stool are simply terrible. It has a watery diarrhoea, but that is not a very important symptom, although it is doubly marked in Hering. But when pure blood is passed, and mucus, with tenesmus, or when a little green mucus, looking like grass, is passed by little infants with summer troubles, pure blood or grass-green discharges with fever coming on suddenly, in bright, rosy little ones, think of Aconite. Most of the bowel troubles come on from intense heat, in the children that are born in June. The infant takes on inflammation of the liver from heat, and the stool not only becomes white like milk, but a great deal whiter, like chalk, of putty consistency. The child becomes yellow and screeches and screams with pain.

Urinary troubles, bladder and kidney troubles. Inflammatory conditions, and with bloody urine. Scanty urine, suppressed urine, or retained urine. Retention from shock. This retention from shock makes it one of our best remedies for retention in the new-born. The infant just born into the world has undergone a terrible shock. At your next visit the nurse says, "The child has not passed urine." The functions of that little one are not yet established, because of the great shock the little one has gone through.

Inflammation of the bladder, with cutting, tearing pains. Burning pains with burning urine. Urine is hot, dark, colored red; red and clear, or bloody. Retention from cold, especially in

children, with crying and restlessness. With inflammatory conditions of the bladder, either in adults or in infants, there will be all the mental states representing the Aconite patient.

An amazing thing that you will find in the early records of Aconite is "Aconite for the first stage of gonorrhœa." That is a ridiculous thing when Aconite in itself has no discharge except a watery flow, which does not resemble anything that belongs to gonorrhœa, except perhaps the first few watery drops, and then it was ridiculous. But the old men got the idea that it was a wonderful medicine for the inflammation.

When you know enough of the nature of a sickness to predict its ending, and you can predict it is going to be a disease with inflammation and suppuration, what a foolish thing it is to give a medicine that has no such thing in it. Go at once to the medicine that has the beginning and the ending.

Aconite cures most violent cases of orchitis, which come on suddenly. He sits down on a cake of ice and gets chilled suddenly. Orchitis, then, from cold, from being chilled in plethoric men. But the common orchitis that you will have to contend with will be from suppressed gonorrhœal discharges. The patient takes cold and that discharge is suppressed, or he has gone to a physician who treats his patients that way, and has suppressed the discharge suddenly, then comes the orchitis. You will have fifty such cases to one Aconite case.

But the family now comes to us with many grievances, with many acute inflammations and mental conditions. The woman is a natural Aconite patient, with her sympathetic state, her natural state of sensitiveness. The woman is naturally, in a state of health, a sensitive creature. She usually takes on complaints from nervous shock, from fear, and she naturally takes on complaints from causes other than those from which men take on sickness. It is very seldom that fear will give a man inflammation, but fear is a common cause of inflammation of the uterus, and of the ovaries, in plethoric, vigorous, excitable women. Fear will often cause abortion, or threaten abortion, but when Aconite is given early enough it will check the abortion. We will have the stitching, burning, tearing pains of Aconite sometimes following fear or sudden emotion. Sometimes a pregnant

woman will say, "Doctor, there is no use of your planning for my confinement. I know I am going to die. I know I am going to die in that confinement." If there is any one thing that is a really strong symptom to prescribe on it is that. A dose of Aconite, and then change the subject, she goes away, and in a few days you ask her about that fear and she says, "Oh, never mind that." Many little things of that sort can be singled out. A few of such things that need medicine can be singled out. Such things are characteristic and peculiar. And it is because we have a few of those things we can safely make use of that a great many of our physicians have gone rampant mad over key-notes, that is, have tried to work up every one of our symptoms into key-notes. But that state of fear; it is a very peculiar thing, and really represents the whole nature and being of the woman. She predicts the day of her death.

"Inflammation of the genitals in plethoric women." Now you will get an idea of its use in women. It is not indicated every day, but when it is indicated do not forget these things. Aconite is more frequently indicated in women and children than in men. Sensitive, vigorous, excitable people. It is indicated commonly in men in inflammatory conditions from becoming chilled in dry, cold air, and it is wonderful how you can convince a patient who needs Aconite what wonderful things there are in Homœopathy by showing him how rapidly, with Aconite, you can put him into a sweat and break up a sharp fever when that is a recent and single attack.

"After tedious and difficult parturition. Violent after-pains. Shooting, tearing after-pains, with febrile conditions." The man who says Aconite is suitable for child-bed fever ought not to write in Homœopathy. The "Guiding Symptoms" is one of the best works we have, but it contains some moonshine and nonsense. It is wonderful what Aconite will do in some cases arising from taking cold in the puerperal state, but do not mix that up with puerperal fever. The first is a simple form, non-septic; perhaps the breast is involved, with soreness in the breast, suppression of milk and febrile conditions; but if there is suppression of the lochia do not give Aconite.

New born children, with difficulty of breathing, after the use of

the forceps, or from a tedious labor; the child is breathless, there is difficulty with the heart, and in a few hours fever comes on, Aconite is a very simple remedy. The retention of urine in the infant is so commonly an Aconite condition that you will hardly ever need to use any other medicine but Aconite. The little one cannot yet talk, it cannot manifest very much, and to a certain extent the practitioner is compelled to be somewhat routine in these affairs, and the routine practitioners have been more or less successful with Aconite for the retention of the urine. Again it is true that in more than half the cases of retention of the urine in the mother, that retention will disappear with a dose of *Causticum*. She will pass urine in an hour or so after a dose of *Causticum*.

Aconite is a great routine croup remedy, one that is misused; but it is indicated in all those cases of croup which come on suddenly in plethoric children, from exposure to dry, cold wind, having been out in the cold wind with the mother during the day. The child is put to bed and rouses up from the first sleep, perhaps at 9 or 10 or 11 o'clock, grasps the throat, coughs violently, a croupy, choking cough, with hoarse bark. Hardly any other remedy can correspond to that rapidity of action, taking cold in the daytime, and developing itself so suddenly. A dose of Aconite will check the trouble. Croup that comes on from exposure to-day, and does not develop until to-morrow morning, or to-morrow evening, may correspond to quite a number of other remedies, but especially *Hepar*, which is slower in its pace. And it is more suitable in children somewhat run down and subject to frequent attacks of croup. *Spongia* is also similar, but it lacks many of the elements more likely to occur in run down children, those always taking cold. It would be a different matter to distinguish between the appearance of the Aconite croup and the appearance of the *Spongia* croup so far as the croup is concerned, because both have all the anxious appearance found in croup. The Aconite croup is a violent croup, inflammation of the larynx, and at the same time spasm of the larynx, coming on with great rapidity. The *Spongia* croup is less inflammatory, the inflammation grows with the spasms; but while *Spongia* may rouse up at 11 o'clock at night, suffocating and choking, it has not the intense febrile

excitement that belongs to Aconite, nor the anguish, although it has all the dryness that is found in Aconite. Aconite conditions are dry as a usual thing, or there is only a little watery discharge. *Spongia* is entirely dry; if there is an inflamed mucous membrane it is dry. We have a lot of croup symptoms in Aconite. Larynx sensitive to touch. Laryngitis. "Croup, waking in first sleep, after exposure to dry, cold winds." These things I have told you, and now I have read them, so you may see they are there.

Aconite is full of disturbances of respiration, dyspnoea from contraction of the smaller bronchial tubes, which we find resembles asthma. This is not a true asthma, for in this trouble in old chronic cases of asthma or in asthma that has recently come on Aconite is not suitable. But it is indicated in that dyspnoea that belongs to capillary bronchitis, in that dyspnoea that belongs to cardiac excitement in plethoric persons, from taking cold, becoming exposed, or from shock. Dyspnoea from fear, such as occurs in nervous women, excitable, easily affected, nervous, yet plethoric women. Breathing short, labored, anxious, quick. It is an asthmatic dyspnoea and there is usually dryness of the mucous membranes of the small bronchial tubes.

Now, another thing which ought to be erased from this book. I am afraid it will misguide you if I do not call your attention to it. "Asthma from suppression of acute rash." "Asthma after suppression of acute rash," that should be erased. *Do not give Aconite after the suppression of acute eruptions.* Do not give *any* remedy after the suppression of *any* eruptions, unless that remedy will produce the eruptions. When a remedy stands up as a grand proving we cannot go behind that. Rest on the provings, and no matter who abuses the provings and inserts clinical experiences contrary to the provings, reject it.

"Sits up straight, and can hardly breathe." That is true. Aconite has such a sudden violent cardiac irritation, pulse fluttering, weak, full and bounding, sits up in bed, grasps the throat, wants everything thrown off; before midnight he will have a hot skin, great thirst, great fear,—everything is associated together.

"Anguish with dyspnoea. Sudden attacks of pain in the heart, with dyspnoea." All go together. "Great suffocation." From this fear and from anxiety he breaks out in profuse sweat; he is

drenched with sweat,—and yet his skin is hot. When this anxiety passes off he becomes hot. So there is heat and sweat with this awful anxiety. Pulse like a thread.

Again in the books, many of them, I have no doubt we will find it here in Hering's Guiding Symptoms before we get through, will tell you that for low forms of scarlet fever Aconite is a great remedy. It is not so. It is not worth the powder to blow it up in low forms of scarlet fever. If you give it in drop doses in the tincture it will break it up, because it will sweat a man nearly to death. It would be a very mild case of scarlet fever in which Aconite would be called for. The more severe the case the less Aconite would be called for. Aconite has a rough rash, somewhat measley, coming in patches here and there.

"Oppression of the chest when moving fast, or ascending." You will hardly ever have to give Aconite in a case like that, because the violence of the attack will keep most Aconite patients from trying to ascend. But the dyspnoea heretofore described is where the patient is in bed, or in the house too sick to move about, too much suffering, prostrated with a sudden and violent attack of sickness. I think that is enough to indicate that it belongs to sudden acute affections, those that come on with great rapidity immediately after exposure. "Better during expiration." The spasm of the larynx often comes on during inspiration. "Worse during inspiration. Constant short, dry cough. Difficult breathing. Breathes only with the diaphragm. Chest troubles, such as pneumonia." Aconite produces a very rapid inflammation of the viscera of the chest, of the pleura, of the lungs, of the mucous membrane lining the air passages. In pneumonia we have this dyspnoea, the suddenness with which it comes on. If it spreads rapidly it may go into pneumonia. Inflammation runs so high that the mucous membrane oozes blood, cherry red,—or the mucus that comes up is white and heavily streaked with bright red blood. You go to the bedside of broncho-pneumonia and you will find in the pan mucus streaked with bright red blood. Now, take the violence with which that comes on, the restlessness and anxiety of the individual,—he predicts the hour of his death,—that would be the case with the Aconite patient. In the case of pneumonia where the lung

is involved, it is apt to be the upper half or two-thirds of the left lung where Aconite is indicated. Sometimes the whole mucous membrane, the visible throat, the larynx, trachea, the bronchial tubes, will all ooze blood, sometimes a mouthful of blood, so violent is the inflammation. In these chest troubles there is much pain. Shooting pains, burning pains, tearing pains, and the patient is compelled to lie in a somewhat elevated position, on the back. Can't lie upon either side, but upon the back. Lying on the side increases the pain. "Rending, tearing pains." The dry cold winds. Sudden shocks, in persons of good, strong, vigorous circulation. The hæmoptysis that is spoken of is not such as occurs in phthisis, but is involuntary; the blood comes up with a slight cough. Some one might be deceived to give it in such cases in broken down constitutions in sickly patients; but it is not to be administered in such cases, we have much better remedies. The patient does not always become a pneumonia patient, but inflammation of the small air passages may be all that is present.

"Dry cough, vomiting and retching, intense fever, spitting of blood." No expectoration except a little watery mucus and blood. Otherwise dry. It occurs a good deal in this way. Dry cough, sensation of dryness of the whole chest, sensation of dryness in the larynx, dryness in the throat. Pours down great quantities of cold water, and once in a while after a violent coughing spell he gets up a little blood. But the expectoration is generally mucus.

Pneumonia is generally attended with an expectoration looking like iron rust, as if iron rust had been mixed in with it. Such medicines as *Bryonia* and *Rhus tox.* and a few others have that expectoration as a common feature, as natural to the remedies themselves, but Aconite is the cherry red, bright red. Its hæmorrhages are bright red, and sometimes copious.

A patient having uterine hæmorrhage has been described. I have gone over that, the fever, the anxiety, the anguish, with fear of death, "going to die to-night, sure." Aconite will stop that hæmorrhage speedily. You may theorize how this is, but you will not be any better off, because you will not be able to come to a conclusion.

All these coughs in pneumonia, in croup, and all sorts of chest troubles come on suddenly, and if he goes to sleep he will have spasm of the larynx, with dryness of the larynx. He goes to sleep and the larynx becomes dry, and then he wakes up and grasps his larynx; he thinks he is going to choke to death. Now, all these come on from cold winds. Vigorous persons get into a draft and get a chill that will bring on Aconite symptoms.

All the fevers are violent fevers. Sudden fevers. Aconite has none of what is called a low type of fever. There is no such thing in Aconite—no low, continued fevers.

Aconite has in all inflamed parts a sensation as if hot steam were rushing into the parts, as if warm blood were rushing into the parts, or "flushes of heat in the parts." Along nerves, a sensation of heat, or sensation of cold.

The pulse in the highest forms of the fever is full and bounding. Strong, vigorous pulse. When the attack is first coming on and the awful anxiety and nerve tension are present the pulse is very small, but after the heart's action is pretty well established, then the pulse becomes stronger.

You will often see in the older books "Aconite for apoplexy." I have wondered how that was ever figured out. Might as well give water as give Aconite for apoplexy. The apoplectic state has its remedies, remedies that affect the circulation round about the blood clot, and will favor returning consciousness, but Aconite should not be given, for that would not be the remedy.

"Tearing pains down the spine. Painful, stiff neck. Crawling in the spine like beetles, like insects." That is a peculiar feature, this crawling sensation; it comes from cold, from being suddenly chilled. A sudden increased flow of blood to the nerve centers will be noticed from tingling, and yet it says in this text that you should administer Aconite in cases of that tingling, which comes on with old cardiac diseases. Aconite has no such symptoms. That is just what we have to contend with to-day—symptom hunting. Such treatment should be condemned.

"Full of trembling of the hands" associated with these sudden acute attacks. "Creeping pains in the fingers" associated with these sudden acute inflammatory attacks. "Cold as ice. Feet cold as ice. Hot palms." Hot hands and cold feet are some-

times present. All sorts of rheumatic conditions of the joints. Those that come on as a first attack. Not old rheumatic and gouty attacks, but those that come on as acute rheumatisms, those that come on from sudden exposure to cold, from long rides in a dry, cold wind. They also are attended with fever, with anxious restlessness, with a critical state of mind so often described.

"Trembling, tingling, convulsions of the muscles." But the *nerves* are full of Aconite symptoms and Aconite sufferings. Aconite is a wonderful remedy for neuritis in plethoric persons. Numbness along the course of the nerves, from cold, from exposure. Numbness and tingling along the course of the nerves, especially those that run close to the surface. "Inflammation of the nerve sheaths. Nervous excitability. Excessive restlessness." I must leave a lot of Aconite for you to figure out for yourselves.

How shall we administer Aconite? You cannot lay down a fixed rule of dosage applicable to all remedies. These quick acting remedies, like Aconite, and *Nux vomica*, and *Ignatia*, correspond to sudden attacks, to attacks that come on quickly and expend themselves without any great structural changes and are not so detrimental when repeated as deeper acting remedies. The most of these are suitable to vigorous constitutions. Hence, Aconite will cure, and cure well, these acute diseases all the way from the 6th potency up, while such a thing cannot be said of all our medicines, for some of them will not act well until we get them pretty well up. You never really need anything lower than the 30th potency, either for proving or a medicine to administer to the sick. You need not expect to get the highest results and the ideal cure if you are going to have a fixed rule for administering medicines. You will need to have of a great many medicines the very highest potencies. It will always be the case that when the patient is improved there should be no more medicine given until the improvement ceases. If the patient is such that he must have something find something that will not do any harm. Be sure and satisfy your conscience and the patient's expectations.

You notice at the end of this medicine there are antidotes and complementary medicines; but especially *Sulphur* has the strongest relation to Aconite of any of them. It has many

Aconite symptoms, too. In many of the old chronic cases where *Sulphur* would be used in strong, vigorous constitutions Aconite will be suitable for a sudden attack, and *Sulphur* for the chronic. In sudden attacks that Aconite conforms to, that is the whole attack, there may be left in that constitution a tendency to return of a similar attack, Aconite has no power over that tendency, but *Sulphur* has. Of course, most of the symptoms must agree, but it will seem to you frequently where Aconite has been suitable in the acute diseases that *Sulphur* symptoms will follow, and many times a very violent attack leaves a weakness in the constitution which Aconite has no power to contend with. It has no power to keep off recurrent attacks. It does all that it is capable of doing, and that is the end of it. But it is not so with *Sulphur*.

After Aconite follow well *Arnica* and *Belladonna*. You see they are acute remedies. Sometimes it is true that you will get to the bedside of a patient and it will appear to you that Aconite is capable of coping with all there is in the disease. But there seems to be a lingering something that holds on, and such medicines as *Arn.* and *Bell.*, and *Ip.* and *Bry.*, do have to come in to finish up the attack—or sometimes *Sulphur*. Very commonly *Silica*. So we have to study the relations of medicines.

If you have administered Aconite foolishly, in too many doses, or given it too strong, and your patient is slow in recovering from the attack, or your patient has taken Aconite himself where he had no business to do so, then *Coffea* or *Nux* will often put the patient into better condition for you to get better symptoms.

OBITUARY.

Dr. Allen B. Carr died on Tuesday, January 8, 1901, at his home in Rochester, N. Y.

S. L. GUILD-LEGGETT.

January 12, 1901.

ROCHESTER PHYSICIAN DEAD.

ROCHESTER, January 9.—Dr. Allen B. Carr, one of Rochester's most prominent physicians, died at his home on Clinton avenue late last night of inflammation of the liver, followed by complications. He was born in Ithaca, February 15, 1852, and graduated from the New York Homœopathic College in 1872.

DEPARTMENT OF HOMŒOPATHICS.

PSYCHOLOGY IN MEDICAL SCIENCE.

From a paper by PROF. BINSWANGER.

(The author is professor of Psychological Medicine at the University of Jena, and at the head of the large state asylum for the insane of the Grand-dukedom of Weimar.)

After a short eulogium on the progress medical science has made in the "polytechnical" century, the author says: "We must express it that this progress in the knowledge of scientific details, in technical skill and in the very refined examination of the sick, has not been won without much damage to the universality of medical knowledge. * * * But the reaction has taught us that we have not to cure a special disease, but a sick personality. It was almost forgotten that infectious diseases depend not only upon the germ, which the laboratory has made us know, but just as much upon the disposition of the infected body.

"In my special work, pathology of the nervous system, * * * there is a lack of ability to recognize the individual type of the sick personality. There is no interest taken in symptoms which can not be fixed by the physical and chemical examinations, but which are dependent upon the individual nervous reaction of the sick person. The young doctor who cannot find the reason for the subjective symptoms of his patient has neglected to study the psychical condition, and the patient who feels that he does not awaken interest in his doctor leaves him and very often falls into the hands of the non-professional. * * * We must find the way back to individual pathology and therapy.

"The sensitiveness of the patient to sensations, which a more equilibrated or more resistant nervous system would not mind so much, the reaction to things which we feel alone when we are ill in a certain way, this reaction of our entity (Gefühlsreaction) must be studied. * * * The most personal quality of the

personality is that everything which our nerves bring to our knowledge from the outer world or from our inner life makes us feel, not judge, what value these irritations have for total individuality."

The author concludes with the description of a case of neurasthenia and one of a neurosis after fright, both showing that the symptoms cannot be proved by the doctor.

Cannot we hope that when these ideas become more and more common in official medicine they will finally see that we knew these things long ago, and that besides we had also in our hand the remedies to cure there unprovable symptoms?

A. V.

CLEAN AND RUSTY WEAPONS FROM THE HOMŒOPATHIC ARMORY.

DR. ALEXANDER VILLERS.

II. DR. GRIESSELICH.

This name will be almost unknown to the American readers, though the man is one who has done a lifetime work in the interests of Homœopathy. It may be that a pronounced dissension with Constantine Hering prevented him from getting into relationship with America. Bradford (*Hom. Bibliography*, page 19) knows only one of his writings, published by Alexander C. Becker, in 1848.

In his journal Griesselich publishes, in 1847, a letter from a German homœopathic doctor in New York, not telling his name. This unknown correspondent relates the development of Homœopathy in New York: "Of the forty-six homœopathic practitioners here residing fourteen are high potentists; all the others mostly use the 3d or 6th dilution, or the tincture, and never go higher than 12th, 18th, and 30th. These are mostly elderly, wise persons, who had gained their reputation when they were allopaths. At their head is Dr. John J. Gray, a very remarkable man, and even allopaths look with respect upon his diagnoses. To the other half belong mostly men who have looked into Homœopathy,

have learned it from books, and who will lose their enthusiasm at the bedside of the patient. Yet at the same time many of them are respectable and learned men whom I consider very highly. In Boston and Philadelphia the high potentists are much in the minority, and all through the country you find none."

In a footnote Griesselich expresses his thanks for the letter and promised to help the "Homœopathic Examiner." Bradford says, l. c., page 312, that this magazine was only issued in five volumes from 1840-1847.

These two little things may have been the only ribbon between the homœopathic school in the United States and a man who for a very long time has been at the head of the writers about our method.

Dr. Griesselich was military surgeon in the Badenian corps and reached the grade of general-surgeon of the same. The great work of his life is the publication of his magazine: *Hygea, Zeitschrift besonders für rationell spezifische Heilkunst* in 21 volumes.

Before I go into critical references about *Hygea* and the other earnest books from his pen, I wish to show by glimpses out of his manifold pamphlets his style and the way his ideas run. After the fashion of his time, he liked a witty style filled with allusions, and being constantly in fight with some adversary of Homœopathy, he used his sharp wit largely. Few of his pamphlets have now a deep interest, because we do not know his adversaries; but the humor of the man is yet interesting enough, as the following lines may prove:

A Dr. Eisenmann had written against Homœopathy. Griesselich thinks that the author relies on too few citations, and tells in his refutation the story of a shoemaker. Times were hard, and he could give to his men only few crumbs in their soup. They complained about the difficulty of getting them, and the poor man answered: If it is so difficult to get the few crumbs, would it not be more troublesome to catch the many?

"If a rational system of medicine does exist, it seems to me unnecessary that so much should be constantly done for the purpose of creating this rational medicine, and to investigate it. But every professor takes his gun to shoot the system. Such a gun is good for everything, especially for small shot. (A German

pun: *Dunst* is 'small shot' and also, mystification,)" There is nothing based on a firm foundation. Each one begins to construct a new foundation, and before his digging and constructing reaches to the surface of the earth his neighbor begins to work hard next to him, and pretends that his foundation is the better one.

Everything, everything is called rational. Every author finds a dozen authorities. If he has not found them he puts out his own opinion as an authority and canonizes it as infallible. When you see all that has been called rational in medicine, you become stupefied.

(Hahnemann und Eisenmann. Sendschrieben an Herrn Dr. Eisenmann in München Karlsruhe, 1836. Druck & Verlag von Christian Th. Groos. 8vo. 65 pages.)

A pamphlet directed against Prof. Sachs he calls *Der Sachsenspiegel*. (*Sachsenspiegel* is the old law-codex for the Saxons, and jocosely a mirror for Dr. Sachs.) It is easy to see that you are enormously molested by the "Nothing" in Homœopathy, as from a quite unusual nightmare. Your habitual dozing on your cathedra is interrupted and you cannot work in your system. Nature in you is dried up like a gonorrhœa where the patient took cold. You call this gonorrhœa sicca; I call it your *natura sicca*.

(Der Sachsenspiegel. Freimüthige Worte über Medicin des Herrn Ritter, Sachs, Königsberg und Hahnemanns. Karlsruhe, 1835. Druck und Verlag von Ch. Th. Groos. 8vo. 182 pages.)

"When Pythagoras had found his theorem he offered a hecatombe to the gods. Since that time all the oxen get frightened if a new truth is found. When they heard of Similia Similibus the fright came on again, but their fright quieted down when they heard that Hahnemann could not offer to kill a hundred mice. *Dat Galenus opes, dat Hahnemannus dolores.*"

"Only Hippocrates knew how to write a prognosis; our therapeutists have only copied. The most simple doctors have always been the best prognosticators."

(Kleine Frescogemälde aus den Arkaden der Heilkunst. Wand I und II. Karlsruhe Verlag von J. Velten, 1834, 1835. 8vo. Vol. I, 205, vol. II, 233 pages.)

That a man of such capacity, eager to embrace the truth

where he could find it, would become a partisan of the new theory and curing method of Hahnemann is easy to understand. But his scepticism and his dislike for systemization led him later away from the simple and grand principle.

(To be continued.)

THE ANIMUS OF SIMILIA.*

J. B. CAMPBELL, M. D., Brooklyn, N. Y.

In approaching a subject, the confines of which are infinity, it is with the consciousness that its immensity necessarily admits of but scant consideration in so short a paper. The risk of being considered heretical, if actual, would not deter me from presenting truth as to me it has become apparent; therefore, I submit the following thoughts which concern us as practitioners of a system of medicine comprehending, in its effects, both the spirit and body of man.

I repeat "spirit and body," because, while fully realizing the transcendent power of *awakened mind*, one is compelled to bear witness to two facts: First, that a great percentage of people live in the corporeal senses. Second, that a sense of the spiritual actuality of man not having risen to the plane of consciousness, re-alignment of the vital forces may, nevertheless, with many of these darkened souls, be accomplished by Homœopathy.

Homœopathy is, and *must remain*, the best means known to therapeutic science of impinging upon the spirit, and thus beneficently impressing the physical man, while the individual is yet shrouded in the gloom of materialism. If it were possible to conceive a condition of discontinuity of spirit and body in the living being, Homœopathy would still be seen to avail in influencing one by way of the other, or both unitedly. Emerson has said, "We stand before the secret of the world, where being passes into appearance and unity into variety." The homœopathic remedy appears to occupy the position suggested by Emerson's

* Read before the Brooklyn Hahnemannian Union, November, 1900.

observation, and, as we have occasion to know well, often becomes the intermedium for the mutual transmission of vital vibrations, restoring harmony between mind and the various organs or parts of the body. Here the similimum-unit exercises its unifying potency, and encompassing all regions of the body, mind re-asserts itself in a revelation of healing; discord has ceased; re-organization is complete, and we behold an exposition of renewed "Being passing into appearance." If, indeed, spirit and body be but mind in varying degrees of manifestation, with no intervening line of disjunction, the direct relation between the drug dynamis and the mental distunement in disease becomes more distinctly traceable.

No therapeutic system contains truth in its entirety, yet because of its marvellous duality Homœopathy is at the present day capable of appealing to more bodies and souls of men than any single healing system extant. From the time of its inception, the pursuit of pure Homœopathy has been the absorbing passion of its pioneers and sincere advocates, and it is a powerful incentive to scientific progress of the modern medical truth-seeker, who, aware of its amazing possibilities, strives to attain a degree of comparative excellence in this comprehensive science. Of the many practitioners who are as yet unaware of the beauty of the cause they have espoused nothing need be said except to commend to them its deeper research.

The principle of "similia" becomes in the field of drug action what is known as Homœopathy, yet Homœopathy does not represent the entire extent of the application of similia. In other words, the Newtonian law of mutual motion, which is the basic truth of Homœopathy, can not be limited to drug action, but must be recognized in its other applications.

Homœopathy is an individualizing science. Its individualistic nature may be regarded as sustaining a relation to the mental processes of its true practitioners, no two of whom arrive at a prescription by the same mental route. Ten physicians may perhaps arrive at the same prescription by ten different routes, and the result, whether circuitously or directly attained, justifies the means. Yet there can be no doubt that the inductive method for the study of cases, as formulated by Hahnemann, neutralizes in

great degree "habitual personal error," or the discrepancy necessarily arising from various view-points as affected by personal habits of reasoning. It therefore approximates closely Herbert Spencer's definition of science as "organized knowledge" and stands pre-eminently scientific among therapeutic systems. Nevertheless some latitude must be allowed individuals subjectively, and the judgment must not be trammelled at all times by hard and fast lines of procedure. The necessity for the exercise of judgment while keeping the mind unbiased during the search for the remedy, thereby arriving at an unprejudiced selection, clearly indicates the justice of the foregoing.

These mental processes while admitting of accurate definition, according to psychological laws, have, when medicine is considered as an art, an inclination away from "medical mechanics." The genius of the Hahnemannian prescriber is as free as that of the architect who, though he may adapt his architectural composition so as to conform to certain requirements of a given problem, adheres rigidly to fixed constructional principles and lines. It is improbable that the element of art will ever be eliminated from the practice of medicine. Who is not first pervaded with the sense or spirit of what he is about to execute is not artist but mechanician.

I challenge the most intelligent painter to tell exactly *how* and *what* he infuses into his work which distinguishes it from that of clever but less realistic artists. True, he has physical media with which to produce effects—colors, oils and brushes; but have not the other artists also? Wherein lies the difference? Technique, atmosphere and luminosity or the application of colors that they may vibrate in a way producing the effect of light or of living flesh, explain in part the physical phenomenon of painting, but "artistic feeling," tangibly expressed, accounts for the kind of work which amid a host of congeners lays hold of the soul. The producer of such work will tell you that he tries to *feel* first what he afterward expresses; which simply means that he subjugates for the time all distracting objective impressions, thus giving to the higher self a clear field of action.

Notwithstanding homœopathic healing rests upon a sub-stratum of science, the similimum will be most quickly attained by the

homœopathic artist—the one who *feels* the status of his patient. To be able to express one must first experience. If one does not feel the temperamental pulse of his case he can but do for it his mechanical best. In some affections the physical element seems to predominate, and these will find in the drug dynamis alone sufficient stimulus to excite healthy reaction. The “mechanical” prescription is astonishingly all-sufficient in these cases, perfunctory prescribing sometimes being followed by results so brilliant as to be almost undeserved, so far as the prescriber is concerned. The physician’s presence may be all the simillimum required. The one who studies most closely in what the simillimum consists, and the application thereof, will become an energy-radiating center; and energy in this relation means to the patient all within the province and power of the physician with which to evoke out of the swirling void of pathological phenomena order—hence mental equilibrium—normal physical conditions, or health.

It is in fact as impossible to suppress individuality in the physician who prescribes as in the patient who receives the prescription; and it is well so, as among a multiplicity of physicians the homœopathic affinity is more apt to be discovered. (To the Hahnemannian the moral is obvious.) By the inductive process, individualism in disease is given the prominence it merits, and the physician proceeding in this manner attains the supremacy of a self-contained host.

Many able and scientific papers have been written presenting carefully worked out cases, ideal in method and results, and the eye must be so perpetually fixed on such models of perfection that emulation may not languish, and that progressive excellence may be continually in evidence. But we must get in touch with the spirit of the patient as completely as possible; the spirit which is *the individual*; for in that sphere commence many disturbances which finally become manifest physically, and at that point also begins the rescue of many a derelict.

In the application of the homœopathic principle, according to *all* the needs of the case, consists the true animus of similia. Thus the mentality of physician and patient should merge in united effort toward acquiring the desired balance of vital function. While the genuine homœopathician should strive to

exemplify the homœopathic spirit, no one is, of course, capable of doing the best work at all times. However, one versed in the so-called "mechanics" of homœopathic prescribing may be able, when half asleep, to frame a better prescription than ten others not so trained would make when quite awake. When material remedies are appropriate the inductive process is the one way by which chaotic cases amenable to drug treatment can be reduced to order.

Hahnemann said, substantially, that while endeavoring to find the remedy for a given case the mind must not be *forced* to a conclusion, but must be allowed to remain quiescent until the remedy is determined upon; which is simply another way of saying that a state of passivity of the argumentative mind is to be assumed, in which crude objective opinions give way to the decisive deductions of the unembarrassed instructive self. This is in line with normal development which depends upon, first, lifting the self to the highest plane, and second, being absolutely responsive to impulses occurring upon that plane. The prehensile or selective faculty of the intuitions will, in view of previous education, quickly apprehend the remedy when favorable conditions obtain. Thus one *feels* the dosage, and oftentimes the remedy itself, or the necessity for its continuance or discontinuance. (*Vide* Hahnemann's precepts concerning prognosis as revealed by drug action.) The tables of unconscious memory, on which are recorded alike the successes and failures, are before the eye of the mind which deduces from previous experiences, and frequently prompts as to diagnosis, remedy, dose, potency, etc., when unrestrained by stringent exactions.

In the unearthing of obscure pathological history, and throughout the analyses of cases, so necessary to the best success, this faculty finds great range of activity. In determining which are most valuable, because most vitally intimate symptoms, great subjective power must sometimes be exercised. There are times when no set rule of procedure can apply, and just here, in discriminative judgment, is found to be the point of difference in the mental calibre of physicians. The degree of conception of the mental states referred to, whether consciously or unconsciously entertained, is as the ultimate sum-total of successes in the "art" of healing.

It may be argued that if one studies his cases correctly and diligently intuition will take care of itself; and for some minds this is true. The study of Homœopathy, like that of all truth, is elevating, and would invariably have an upward trend but for the materialistic inertia which is humanly un-homœopathic, and which mere diligent study may fail to dispel. Intuition does what it *must*, and does it quickly; blind application does what it *can* when unaware of greater possibilities.

Many physicians, and more patients, can never be educated away from the chemico-physical idea of medicinal action; furthermore, the time is far distant when the world will be able to dispense with the scientifically administered remedy, notwithstanding the hosts of mistaken psychics who confront us continually. There are people of crude spiritual, as well as religious, beliefs; we see many mental therapists who, through ignorance, fail to distinguish and apply the homœopathic principle in imponderable therapeutics. These people, unless they chance to get in line with homœopathic truth, experience reaction in enthusiasm and bring about relapses in their patients. The vast majority of such have not the truth which makes free. They are enslaved by externals, in many cases mistaking the phenomenon for the infinite *essence* of all phenomena.

As homœopathists, the cultivation of the intuitional faculty, which is universally inherent, though often, because of its embryonic state, unrecognized, becomes to us of importance. This faculty is found well developed in the skillful diagnostician and surely should be so in the homœopathician. Evidence of its high development is seen in the works of the older representatives of Homœopathy before gross pathology had degraded the practice.

The universal presence of this Divine-human spirit function, and the possibility of its cultivation, constitute one of the main points presented herewith for your consideration. If it were other than a universally distributed power, this contribution would be quite without a reason for its existence. Assuredly we can never dispense with sincere work, but we can make for the cultivation of a hitherto neglected faculty of the human mind, and the first step to that end consists in *recognizing* the universality of sub-

jective or intuitional power. The second consists in giving heed to the voice of intuition, which in every human mind is in some degree striving for expression.

Thorough training is a *sine qua non*. *Materia Medica*, diagnosis and most certainly the philosophy of disease, as viewed from the Hahnemannian standpoint in the "Chronic Diseases" of Hahnemann, must be taken up. Likewise the excellent dissertations by our leading modern exponents of the Hahnemannian philosophy. Given a method of practice having for its basis the therapeutic principles elucidated in Hahnemann's "Organon of the Art of Healing," and an actuating spirit which leads to the honest investigation of all means of curing the sick mind, otherwise the sick man, and we have the elements capable of being converted into the capital large enough to render the possessor a physician of wide attainments. This constitutes a fund by which the intuitions will be solidly reinforced, and on which they may draw at any time. Nothing in this relation is beneath the notice of the Hahnemannian, and the route to the simillimum may commence amid discernible surroundings, or in obscurity; may lie along unheard of ways, and in hitherto undiscovered places, remedies, conditions. Above all, the homœopathic physician should be a rehabilitating, re-charging dynamo. His mind should intently project the successes of the past with the accruing power of the present toward all his future possibilities and patients.

At first thought this may seem to be unsubstantial pabulum, but practice will show it to be productive of surprisingly beneficent results. At times it is not possible to assume at once the subjective state alluded to; then books must be consulted and the problem worked out mechanically; suggestions of remedies may follow later, and finally the remedy will be discovered. First impressions will sometimes be found to correspond with subsequent conclusions. Furthermore, intuitive deductions often prove to be great time-savers, and are sometimes of more immediate use than a process of footing up symptom values, which does not always discover the simillimum, sometimes leaves us wide of the mark, and often destroys subjective inspiration. Even after the remedy has been selected by way of repertories and other works, it is advisable, if there be time, to ponder well before prescribing; to

allow it to "sink in," so to speak, and mature. If the conviction of its correctness grows, we may fairly assume it to be an accurate selection; if otherwise, a new search had best be made, or additional confirmation of the first choice obtained.

It may be suggested that this is perhaps well enough in the ordinary run of cases, but not in really serious states; to which the reply is, that the processes alluded to still appertain, only concentrated purpose rather than a distracted state of mind must be preserved in the face of the most appalling circumstances. A firm grip must be retained from start to finish of all cases, from the most acute to the longest lingering "chronic" that ever taxed one's medical philosophy. If this grip be allowed to relax (and to keep it may mean study at every step) it can be regained only with difficulty.

In passing I am impelled to touch upon the loose practice of giving medicine for every trifling ailment (a custom, by the way, not limited to the allopathically inclined) and often in conditions where material medicine in itself would not be homœopathic to the case. This is the prescribing habit, and it sometimes amounts to a positive failing. As you well know, some cases undeniably call for a change of work, scene or diet, more than other remedies; perhaps the injecting of a little moral courage, together with some occupation, a cold bath or a change of underclothes might benefit the patient. It is also important to bear in mind *always* the centrifugal disease manifestations when properly progressing. It seems to be in strict accordance with higher Homœopathy to permit very many disease manifestations to express and expend themselves externally, or in a non-essential part of the economy without interference. It is often most unhomœopathic to prescribe for such symptoms just because they be annoying, and because it may be possible to remove them by the homœopathic remedy. The prescribing habit is often responsible for this, and the vital interests of Homœopathy suffer in consequence.

It has doubtless occurred to you that the remarkable affinity which a remedy may exhibit in healing a diseased part of the body, while it is yet capable of affecting many parts, is sometimes accentuated by unity of desire on the part of physician and patient *directed* to the removal of the local disease manifestation.

This fact has direct bearing on the study of cases, and inversely on neglect of the same. It has been noted by observing medico-psychologists that the physician who is interested in his patients has better success than he who prescribes perfunctorily. (*Vide* Hering's remarks on the study of cases as affecting the patient psychically.) Good prescribing stimulates interest, and interest is a powerful incentive to good prescribing. The successful result favors the growth of self-confidence. Renewed confidence in self means, for the homœopathican especially, greater latitude to the intuitions which are among the higher attributes, and additional ascendancy over disease, impossible on the more material planes of practice. By listening to the voice of intuition and giving that part of the nature opportunity for the exercise of its function, the earnestly disposed will certainly attain greater power in the healing art.

There is though, no royal road to definite results without objective education, and the incentive therefore is to still deeper penetration into the riches of Hahnemannian Homœopathy. I feel constrained to remark that there are states of the mind when it is groping toward a conclusion, in which repertories or works of any kind obstruct, if they do not assist, the flow of subjective ideas. After reaching a conclusion, however, repertories and the *Materia Medica* should, when possible, be consulted before prescribing.

Regarding so-called "short cuts" to remedies; given an objective training, comprising a knowledge of medicine and disease, fortified by practical experience, plus a vigorous intuitive mentality with foot always "in the stirrup," and you have a prescriber whose successes become more frequent as time proceeds. If there be "short cuts," they are nearly always consequent upon the mental processes above outlined. This is ground that the "keynote" system has sought to cover objectively, when the process involved is partly a subjective one. By the successive stages enumerated the homœopathician cultivates an aura which becomes increasingly palpable to patients with whom he may come in contact. He gradually achieves and impersonates what is most desirable in the highest healing sense. He resolves into a spiritual-physical-medical exponent of a great healing principle; in short, he exemplifies the *genius* of the *higher homœopathy*.

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL, N. Y., THURSDAY,
JUNE 28TH, 1900.

A CASE OF CANCER.

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

Miss S. H. was 47 years old when she fell from a step-ladder and struck her arm, breaking it at the elbow. The arm was set, but in such a way that motion at the elbow was lost entirely. About five years after this, in the latter part of '98, she noticed a lump in the left mammary gland where the arm pressed upon it in using the left arm to hold things, etc. In January of '99 a physician was consulted, and advised immediate operation—as it would soon be too late for that. Reasoning from facts known of other cases operated on, and the fact of the presence of a lump of smaller size already in the right mamma, the patient determined not to have any cutting done. In spite of warning against the use of *any* "cancer medicine," however, she began using a mixture she had received with tales of successful use long treasured. Consequently in August, '99, an open ulcer appeared, and from that time on it discharged freely. She dressed it with cotton and listerine, and kept all knowledge of it from her friends and neighbors, and kept aloof from all doctors. In December, '99, she came to the office. At that time the whole left breast was a purple hardened nodular mass, with a deep-branded open crack, discharging freely a characteristic pungent smelling watery fluid. Besides this crack there were two other dry ulcers. The bed of the ulcers and crack presented the dirty yellowish cheesy appearance, not much affected by washing. All the tiny glands in the surrounding parts, at the base of the mammary gland, above it,

extending to the right breast and to the left axilla, were marked as purple spots on the skin. One indurated gland over the left clavicle was prominent, but not discolored.

Of course, the growth was attached firmly to the ribs incapable of any motion. The right mammary lump was freely movable, the size of a large hen's egg or larger. This is the history she gave:

1899.

Dec. 22. Left mamma, burning, stinging pain < wrapping up too warmly.

< exertion sensitive to touch when tired, < at upper and lower edge.

< bathing warm water (in summer).

Before the skin broke open sharp shooting cutting, drawn tightly down, but first swollen out quite large.

Bleeding bright red blood along edge of fissures, blood coagulates easily.

Vomiting or nausea without vomiting at intervals of few weeks.

Vomiting slimy strings—clear white.

Drinking hot water gave >.

Bowels inclined to constipation, daily stools are hard.

Cough for past month, night and day.

Excited by tickling in epigastrium, from "way down in the stomach."

< night, continues all night < lying, < coming in from open air; from exposure in cold, damp air, expectoration clear mucus, later yellow.

Lungs badly affected 23-24 years ago. Abscesses both lungs, < left side.

Began with a cold, had much hoarseness, in bed 6-8 weeks.

Emaciated greatly during attack.

Colds always settle in throat and extend to chest.

"Indigestion" years ago, vomiting from taking water and food.

Blóating of abdomen; heavy weight in stomach.

Eructations tasting of the food eaten.

Appetite poor of late, since cough troublesome.

Craves things and don't want them when she gets them.

Prefers warm food; no desire for sweets or sour; likes salt, < butter.

Thirst, little.

Sleep poor; sleeps a couple of hours and then lies awake for hours.

Tired in morning, can hardly rise.

Day nap refreshing.

Restless, turning frequently.

Face very yellow before cancer opened; little < since.

Has felt generally > since this opened; less nausea and wind; general sick feeling.

> warm room; < cold air; cold air and wind gives short breath.

> bathing.

> any exertion.

> motion; keeping busy.

Cheerful; fond of company, sympathetic; easily startled.

Perspiration very little, except in hot weather, if exerts self.

Menses ceased one year ago.

Had vomiting and diarrhoea all the first day, each time >.

Pain in uterus, severe cutting, paroxysmal.

> heat, > lying, > pressure.

Began with flow, > by free flow.

Flow profuse, lasted a week; large dark clots, not offensive.

Phos. 2c.

1900. *

Jan. 13. One week after first report she seemed, perhaps, a little > generally; the pains in the breast were little worse and discharge little less; then a severe spell of pain and distress came, lasting two days; sharp pain across chest, on shoulder and down left arm. After covering warmly and profuse perspiration she felt >. Perspira-

tion has been more profuse since first report. After that severe spell she felt better nearly two weeks, but now complains of intense weakness, "as if she would

Phos. 20m. drop off."

She was next seen three weeks later (having reported by mail, from time to time, improvement). The ulceration, she said, did not spread so rapidly, and she had felt much stronger until hæmorrhages came on. The first was a profuse, steady stream from one point. Two lighter hæmorrhages followed on succeeding days, and oozing, when the part was bathed, continued. She said the blood smelt sour. Tension in the breast was relieved by this, and the odor was reported less offensive after. The parts seemed to draw closer together, many little points that had broken open and were discharging seemed to heal over with brownish scabs. Sloughing took place in little isolated points, size of pin heads and larger, and when these separated there was a marked decrease in the odor. The system felt the effects of the hæmorrhage in prostration, debilitating night sweats. After the last of these hæmorrhages she felt creepy chills.

Feb. 7. *China 8m.* was given and temporary relief followed, but four and a half weeks from its first use *Phos. 20m.* was repeated.

This time the remedy did not hold well. A profuse diarrhœa, coming on two days later, was followed by continued exhaustion, night-sweats and fever lasting two days before *Ars. 90m.* was given in hopes of tiding her over. The effect was not as desired. Much pain was felt in the back, in the axilla, and burning in the breast "like a furnace." Cough was little >, mostly in the morning with gagging to expectorate the mucus. This lack of reaction seemed to warrant the most unfavorable prognosis; the remedy most closely resembling the case did not hold its action.

The patient was unable to sit up long, spending most of many days lying on the lounge, whereas a few weeks before she had traveled far from home and gone on the streets. Appetite had failed, and strength had gone.

March 2. *Phos. cm.* was given. In three days a marked change occurred. She awakened in the middle of the night ravenously hungry. She lay awake until 3-4 A. M.,

and then slept, waking again, still hungry, but *quite free from pain*. From that time she ate heartily three meals a day, grew stronger, brighter and said she felt as if a heavy pressure were taken off the system.

The breast presented the appearance of healing. The discoloration in the surrounding glands disappeared the swelling above the breast (pectoralis major muscle) was greatly reduced. The lower part of the breast, that part least involved, took on appearance of normal tissue. Where tissue was already breaking down the discharge continued, a little less offensive and almost free from pain.

At the end of March again she visited a sister, thirty miles from home. How long could such improvement last? If less than four weeks the future would be no more assured than before; if over four weeks, hopes of continued improvement might be entertained.

March 29. "Rheumatic pains" appeared, across shoulders and at waist line at back, leaving soreness after the sharp pain.

< on beginning to move, > after moving.

Cough paroxysms about 4 or 6 A. M., continuing long time, < every other morning.

Night sweat two nights without debility.

March 31. *Phos. cm.*

A day or two after, on returning home, the thirty mile ride was taken in a car that was not heated, and the air was cold and raw. The following morning a diarrhœa began lasting 4 A. M. to 3 P. M. Following immediately were severe pains in limbs, nausea and vomiting with the cough, night sweats and pains in the breast. For two or three days she seemed to gain strength, but the pains continued severe, keeping her awake at night, making her restless and weary.

April 14. *Ars. gom.* relieved the pains in a few hours.

Breast pain, troublesome at night and when coughing, continued.

Cough, the worst symptom, coming in paroxysms from irritation low in chest or epigastrium always < night, racking so that it started hæmorrhage from the breas^t

April 19. Hæmorrhage severe, flooded the patient in bed in early morning, and the following symptoms were elicited:

Blood does not coagulate. Cough and perspiration at night; perspiring during sleep; cough awakening her. Throat sore from cough. Smothering spells at times on lying down; feels heart thump more than for long time (this used to be troublesome); cough < open air.

< covering chest, throws covers off.

< warm room.

These led to use of *Lach. 4 m.* and the cough grew >, allowing the patient to rest. All this time the breast, little by little, tiny part at a time, was sloughing and being thrown off. The fissure became a deep excavation, extending into the deeper parts, separating the gland like underground mining. On the skin there was little spread, but slowly and surely the surgery continued, the old, disorganized tissue being removed. Where the involvement was not so far progressed the tissue returned to normal appearance, but the patient was going down with more and more of bodily prostration.

May 8. Again a severe hæmorrhage, the worst up to date. Three days before two pronounced chills, at 10 A. M. and 12, were followed by fever, which lasted all night and next day, and this was followed by sweat. Then the cough was worse; < draft of open air ending in vomiting of bile. This hæmorrhage was unnoticed by the patient, lying in bed with the profuse spurting hæmorrhage; she lay still, looked at it indifferently and looked up in a dazed manner. It relieved all pain in breast region. The great prostration and dazed mental state continued, and it was with difficulty she was roused to answer questions. The body was bathed in profuse, warm perspiration, the extremities cold. Felt too warm covered, but cold as soon as uncovered. Thirst for cold acid drinks, cold food. The dis-

charge for a few days had been profuse and acrid, but little offensive; this ceased after the hæmorrhage.

Merc. s. 6 m.

In three days another condition presented.

May 11. Paralysis beginning left arm two days after, extending to right, then to legs; slight motion below elbow right arm; cannot raise hand to face; other limbs stiff and powerless; slight motion in legs to-day.

Erysipelas back and left arm purple redness; great heat, severe pain, burning stinging, sore to least touch, most frantic with it, powerless to move; cold, clammy sweat on hands.

Sweating cold, profuse, on face and body.

Hot by spells, "burning up," wants covers off and fresh air.

Bowels: no stool since 8th, when had three stools.

Hiccough distressing.

Pains waken her.

Thirst for ice or cold water.

Suffocative fulness in lower chest, difficult to breathe.

Apis 1m.

During this week and the two following the patient was totally helpless. The inflammation and pain left the arm and back and the heat lessened. The paralytic condition continued and even increased, till it was impossible to move the head. Rectum and bladder were evacuated involuntarily, even unconsciously; swallowing became difficult, because of pain in the throat. During this time milk, eggs, grape juice and Perfection Liquid Food were the chief diet, the latter used when grape juice and milk were refused. The skin on left arm and back loosened, dried and had appearance of leather before ready to scale off, with no pain; extreme weakness makes her helpless. It was difficult to talk at times; the listener must watch the lips. Back, at lower part, and one spot on left elbow had bed sores. Dozing most of the time in semi-stupor; when roused often delirious, at times wild, excited,

prays to be delivered from her suffering by death; suspicious; has planned all the details of her funeral in rational moments.

The left breast during this time became flatter, discharge grew less, had little odor, so undermined that the part left seemed almost loose enough to drop off. Sloughing pieces frequently removed. Each day the attendants expected to be the last, so weak she seemed. Face and whole skin of purplish cachectic hue, betraying to a visitor the nature of her sickness without any explanation.

May 25. *Mur. ac. 40m.*

May 28. Choking spells; difficult breathing, must be raised from pillow in upright position; lower chest seems to fill and press on lungs since 26th.

Mouth: several bad ulcers on tongue and inside cheeks, painful on attempting to eat.

Pains below elbow; swollen, purplish, feels > uncovered.

Left arm; skin peeling. About base of left thumb, purple inflammation, encircles joint; can raise right arm over head and move it anywhere freely.

Brighter, talks easily, with vigor.

No delirium or stupor since yesterday, mind quite clear.

Feels good, "not at all as did a few days ago."

Hungry, wants to eat, but can take but little at a time; soon hungry again.

Bladder and rectum: no involuntary passage several days, and much flatus passed from rectum as used to when well.

Bed sores, except lowest one on back healing.

Breast perfectly flat, no discharge, covered with oiled muslin. Two weeks later she was seen again, sitting up, able to help herself in moving in bed, sitting unsupported coughing. Coughing spells, from irritation at upper end of trachea, for several days, very exhausting; little > as gains more strength to cough and expel the irritating mucus. It feels as if the throat were filling up with something that loosened there (ulcer discharging).

Right arm carbuncle softened, discharged large quantity of thin, yellowish pus; healing. Left arm and back, skin soft and clean under the old, scaling skin; old peeling off in large pieces. Back plump, not emaciated. Face color better, clearing, lighter; everything about body seems healing. Right breast lump *not perceptible on pressure and palpation*. She says she feels splendid; getting stronger; never thought she would die, for she don't feel like death at all.

Has had no delirium nor cloudiness of mind for two weeks.

Left hand, puffy swelling.

Fever every day, morning and afternoon, for hour or two.

June 24. When seen last week following report:

Cough from irritation in epigastrium (?), heart (?), as if would choke, with difficulty in breathing.

< lying; soon as head lowered at all cough begins; sometimes all night.

• Rattling in trachea as soon as lies, > soon as sits erect few days ago.

Paroxysmal; tired after spell, soon rested.

Heart; smothering spell 16th: began with heat all through the body.

Heart felt "wobbly" as soon as lay down; no cough that night.

Feverish; heat with dry skin.

Left arm below elbow and hand much swollen; numb hand, then arm; can drag it a little, but too heavy to move much.

Breast thick scabs. One part, size of dollar, still discharging; gland nearly wholly removed.

< cold air draft.

Four days ago.

Phos. cm.

Since that report received: Resting >; hand less swollen; other symptoms >, except fever.

DISCUSSION.

Dr. Campbell: Has she the use of the left arm?

Dr. Loos: She has never had the use of the left arm. Now, her case has been troublesome; after studying her case over carefully, I was brought to Phosphorus and Pulsatilla. She had fever, the left arm was swollen, she had suppuration.

Dr. Carleton: When was the axilla involved?

Dr. Loos: Never involved.

Dr. Carleton: Have you had any of the discharge put under the slide and examined?

Dr. Loos: Never.

Dr. Carleton: I would advise you to do so at once. Have you regarded this external development as a manifestation of the trouble she had with her lungs recently?

Dr. Loos: I had not thought of it.

Dr. Campbell: How much did Phos. do for her?

Dr. Loos: The Phosphorus did a good deal for her; for she was too weak to go out of her room previously, and she herself felt better.

Dr. Morgan: I would be encouraged by the case.

Dr. Carleton: She had the cough long before she had this; I should hesitate to pronounce it a cancer until the pathologist had pronounced it as such.

Chairman: Dr. Carleton, would it show at the present state the pathological cells?

Dr. Carleton: Yes, I think so.

Dr. Morgan: Did it have that peculiar cancer smell?

Dr. Loos: Oh, yes. Dr. Carleton, what do you do for the smell in cancer cases?

Dr. Carleton: Peroxide of Hydrogen does pretty well.

Dr. Loos: I found pretty good satisfaction from Vegetable Carbon.

Dr. Carleton: How long is it now since the beginning of the trouble?

Dr. Loos: She first noticed it in the winter of '98-'99.

Dr. Carleton: If you possibly can, I wish you would get a diagnosis of that from two or three practitioners. I am thinking particularly about the axillary glands.

Dr. Loos: I found no actual swelling in the axilla, but up towards the axilla there was swelling of neighboring glands.

Dr. Carleton: Well, I do not know but what that would hold.

Dr. Morgan: I treated a case once that went so far as to have paralysis of the left arm. It had all that cancer smell, but when she was put on Conium that smell entirely left it; but nothing I could do would stop the growth of that cancer; and I could attribute it to nothing but that remedies had lost their effect, for the reason that a similar growth had been removed from the same gland.

Dr. Campbell: I would like to ask Mr. Carleton why it is that when the Old School get such cases of breast cancer they bandage them tightly and keep them down?

Dr. Carleton: I do not believe that is done very generally.

Dr. Campbell: Now, in the Home for Incurables there is a case about 75 years of age, a fine looking woman, rather phlegmatic in character, evidently some brain trouble coming on. Her breast became sore gradually until it showed certain signs of cancer, when she was sent to the Home. They have strapped the breast down tightly.

Dr. Loos: Is that not to keep the circulation out?

Dr. Carleton: There is one point that perhaps ought to be touched upon in connection with the Doctor's paper, which I can perhaps better bring out by an illustration. I wish I had a picture of the case. An old lady in her 85th year, who has just died; she had the worst cancer of the breast, a scirrhus, that I have ever seen. She was a large woman and very largely developed in the mammary region. Well, there was a mass about the size of a very large dinner plate; I have been hammering away at that for about seven to eight years, and until the last six weeks before her death she was in the habit of coming down stairs to dinner. At the same time it had an odor you could detect away off; well, under the influence of carefully selected remedies the breast sloughed away in places and all healed up. Well, I said, that is all right, we will be thankful for what we have. I knew, of course, that is the way cancers do at times.

Dr. Loos: The thing that impressed me most was the complete blood poison everywhere.

[Continued Next Month.]

HAHNEMANNIANA.

The line-cut accompanying this issue is a reproduction of a letter written by Hahnemann "To the Right Reverend Father Veith, M. D., Rector of St. Stephen's Metropolitan Church, Vienna." The translation is as follows:—

CEETHEN, 7 Dec., 1831.

DEAR COLLEAGUE AND FRIEND:

You will pardon me if I communicate your last letter to me to the world in the *Archives d. f. H.*; it is so rich in its contents and so instructive. The world is indebted to you in particular for the beautiful discovery of the healing power of *Phosphoric acid* in the diarrhœa of cholera, especially in those cases where the disease has arisen gradually from the contagious exhalations that are spread around in the neighborhood, although much diluted, and which on that account produce attacks of cholera sickness which you aptly first termed by the name *cholerine*. These gradually arising cases of diarrhœa, though painless, yet accompanied with rumbling (they might be called *colliquative*, wasting large quantities of the vital powers) are terrible to me,—frequently they lead suddenly to delirium and death. And to know a specific remedy for this, like *Phos. ac.* discovered by you, is an estimable discovery. I have found it confirmed several times by my friends in Madgeburg.

Were the allopaths, those methodical destroying-angels, to cease by their pernicious remedies to augment the number of the dead, then there would not be such a great quantity of contagious material produced and spread over the city, which thus forces upon nearly all the inhabitants a liability to disease and various cholera symptoms (*cholerine*). Would they, on the contrary, with every cholera patient, in the beginning at least, use pure solution of camphor, and also spread in the chamber as much of the fumes of camphor, even if not a large quantity, as would be necessary to destroy the miasms around the patient (for which purpose the fumes of camphor have proven themselves with me as the most

successful remedy, in fact as the only and most certain means of disinfection) then the bad attacks of cholera would either not exist in such a number or perhaps not at all.

It would be best if the public were informed how every one should treat his folks in the first few moments with a few drops of spirits of camphor, if one of them has a sudden or acute attack, so that he would be recovered in an hour. Then cholera would be expunged in a quiet way and in the safest manner, just as a recent fire can be easily quenched with a single bucket of water, but which for hours neglected spreads without being checked and is then exceedingly difficult to extinguish.

With high esteem and affection,

Yours,

SAM. HAHNEMANN.

The bearer, Anton Schmidt, is one of my best friends and pupils.

Woodside Cottage

On Indian Head Hill, in Framingham,

Offers a quiet retreat for a limited number of chronic patients.

It is located in the midst of a dozen acres of high land, flanked on two sides with oak and pine groves, and with a charming outlook toward the west and south.

The house is new, having been especially designed for this purpose.

FRANK W. PATCH, M. D., - Framingham, Mass.



MADAME MELANIE HAHNEMANN.
(Née d'Hervilly-Gohier.)

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DEPARTMENT OF MATERIA MEDICA.

ANTIMONIUM TARTARICUM.

Lecture by PROF. KENT, at the Dunham Medical College, Chicago, Ill.*

About the first thing we see in the study of an Antimonium tart. patient is expressed in *the face*. The face is pale and sickly; the nose is drawn and shrunken; the eyes are sunken and there are dark rings around the eyes. The lips are pale and shrivelled. The nostrils are dilated and flapping rapidly, and there is a dark, sooty appearance inside of the nostrils. The face is covered with a cold sweat and is cold, pale or blue. The expression is that of intense suffering. The atmosphere of the room is pungent, more pungent than foetid or putrid, and makes you feel that death is in it. Quite likely the friends are weeping. The family is disturbed; they are going hither and thither, and the nurse is in an excited and busy state, and you enter upon this scene to make a homœopathic prescription. It is one of excitement and one that you cannot act rapidly in, but one in which you must make a very quick prescription. These things will interfere somewhat with your thinking at the time that you must do the best thinking and the most rapid thinking.

Now in what kind of cases do we find this state and appearance, all the features and symptoms of which conform to the nature of the remedy? First, in *catarrhal patients*, in broken down constitutions, in feeble children, in feeble old people. Catarrhal conditions of the trachea and the bronchial tubes. Our ears being wide open we hear *coarse rattling* and bubblings in the chest. If

* Stenographically reported by Mrs. Williams.

you have ever been in the room of the dying you have heard what is called the death rattle. It is coarse like that, a big bubble. Now and then there is expectoration of a mouthful of light-colored, whitish mucus. The condition is one in which the chest is steadily filling up with mucus, and at first he may be able somewhat to throw it out; but finally he is suffocating from the filling up of mucus and the inability of the chest and lungs to throw it out. It is a paralytic condition of the lungs. It may occur in cases of grippe. At first it may be a case that comes on quite rapidly, running a rapid course. It may be a case that produces early prostration, that is, in three or four days or a week. The first few days of the sickness will not point to Antimonium tart. So long as the reaction is good and his strength holds up you will not see this hippocratic countenance, this sinking, this coldness and cold sweat. You will not hear this rattling in the chest because these symptoms are symptoms that indicate a passive condition. Antimonium tart. has weakness and lack of reaction. Hence we see that it is going to be suitable in those cases that present this state, or in such patients as are so feeble, when they are taken down, that they at once enter upon a passive or relaxed state. In cases of bronchitis with pneumonia, inflammation of the trachea, inflammation of the air passages in general, the inflammation is likely to be attended with dryness or a scanty flow of mucus, and with a great deal of irritation. If this be violent in a few days it will reach a state of relaxation, prostration and weakness. But the first state does not indicate Antimonium tart. Such medicines as *Bryonia* and *Ipecac.* come in for the first period, and your impression is when administering those medicines that they are sufficient for the whole case, and they will be, except in those states wherein this relaxation and weakness is present from the beginning, or the seeds of it, or where there is lack of ability to react sufficiently from your remedy to recover under it. Then comes in a second remedy, and that is the time when this medicine begins its operation.

Ipecac. has some of this coarse rattling, but it is attended with great expulsive power of the lungs, This medicine has the coarse rattling that comes on after many days. *Ipecac.* has it the first days of the sickness. This medicine has it coming on after

many days of sickness, so that weakness has come on; and it has the coughing and gagging and retching, but in the stage of great relaxation, prostration and coldness. It seems as if he will die. When you hear him cough you are at once impressed with the idea that there must be some profound weakness in his lung power. We know that it is in the power of the lungs to produce an expulsive action with the deep inspirations. They have no such power in Antimonium tart. The chest is full of mucus and it rattles; the cough is a rattling cough, but the mucus does not come up, or only a little quantity comes up when it reaches about so high, but it does not relieve him. His chest is full of mucus, he is suffocating and he is really passing away, dying from carbonic acid gas, due to a lack of expulsive power. This runs all through the remedy. In cases of pneumonia; when first coming down with the chill, it may be a very violent attack, such an attack as from its violence produced prostration early, that is, after three or four days. It is not indicated in the beginning during the chill, and during the high grade of inflammation you will not see it come up. You will not see the signs of it. If it has such symptoms we do not know it. But the violence of the attack leads him to a state of prostration, or he is already an enfeebled case, feeble as if he were very old; he becomes easily relaxed and prostrated from the disease. Altogether unlike *Aconite*, *Bell.*, *Ip.*, and *Bry.*, for they come down with violence,—the very opposite is present in Antimonium tart. Little fever, cold sweat, coldness, relaxation, hippocratic aspect. So it is the remedy that closes out the scene with the severe cases of bronchitis, gripe that settles in the chest, pneumonia; most of these cases die in a quasi Antimonium tart. state. This patient is an old *gouty patient*, always shivering, pale, with enlarged joints. Every spell of wet weather brings on a catarrhal state of the chest, larynx and trachea which runs into a state of copious secretion of mucus. He is in bed at once, prostrated, with coarse rattling. In children that have frequent attacks of bronchitis, from cold wet weather, from cold rainstorms in the autumn, in the spring and in cloudy weather. No sooner do they get over one cold than another cold comes on. The acute stage is never violent with them, but they keep having these passive rattling colds. Recurrent

rattling in the chest. Chilly, and pale. Those florid children that do not look sick when they have a cold, are more or less vigorous, who have rattling in the chest, but do not come down with weakness and are not prostrated from it, but keep on rattling, they call for *Kali Sulph.* That is quite a distinguishing feature,—the weakness at once speaks for this remedy. In *very old people* this weakness occurs, old broken down people who have for years had *catarrh of the chest*. Every sharp cold spell in the winter brings on catarrh of the chest, with thick white mucus, and attended with a great deal of dyspnoea, driving him to bed. He must sit up in bed and be fanned; cannot lie down because of the difficult breathing, and filling up of the chest. Antimonium tart. will fetch him over a number of these attacks before he dies. When the mucus is yellow and purulent in one of these old people, *Ammoniacum* will tide him over a good many winters. We see a good many old people that suffer from catarrh of the chest during the winter; they have had it for years, and do not expect to be any better. When the expectoration is yellow *Ammoniacum* will pull them through, and Antimonium tart. when it is white and attended with prostration, sweat, coldness, pallor and blueness of the face. These are the principal uses of this remedy in practice.

It has many pains and aches. To a great extent Ant. tart. builds upon the *Antimonium crudum* basis. It forms its chest symptoms to a great extent upon that basis. Many of the symptoms are like *Antimonium crudum*; many symptoms are worse when warmed up, and from too much clothing. You will see this patient sitting up in bed with no clothing around the shoulders or neck, and the night-gown wide open in order to breathe. Suffocates if the room is too warm. It gets that from the *Antimonium crud.* It is worse from bathing in cold water, like *Antimonium crud.* The mucous membranes are covered with thick white mucus, like *Antimonium crud.* Also, he does not want to be meddled with or bothered or disturbed. Everything is a burden. The child when sick doesn't want to be touched or talked to or looked at. Wants to be let alone. The infant is always keeping up a pitiful whining and moaning. Many times the respiration is a moaning respiration. Rattling and moaning.

Always in bad humor, that is, extremely irritable when disturbed. Any disturbance seems to increase the breathing and is an annoyance and makes the patient irritable. No wonder the patient is wonderfully anxious, because from his appearance we would say that he must have the feeling that he is dying. He looks as if he were sinking, and if he does not get relief soon he certainly will, for there is a filling up of the chest that is suffocating him and the feeling is that of suffocation, dyspnoea, which is steadily increasing. The wings of the nose move as in *Lycopodium*. *Lycopodium* competes with it very closely and resembles it very much.

There are many headaches laid down under Antimonium tart., but *Antimonium crud.* is more likely to work out for Antimonium headaches, while this medicine is more likely to work out for Antimonium chest troubles. Both of these remedies have very decided gastric symptoms. Constant nausea, vomiting and indigestion. Antimonium tart. with its difficult breathing is sick at the stomach. Loathes everything, loathes food; vomits even water. He has also a docile state and if allowed to be quiet, in spite of all the sufferings, he will fall into a sleep, or go into a state of inability to feel. He will cough and sleep, and snore through the dyspnoea, so that it is in many ways like *Antimonium crud.*, but *Antimonium crud.* has nothing like the copious flow of mucus from mucous membranes that are inflamed. It has nothing like the wonderful passive state of the whole economy. It is not so desperate in its provings, and not so dreadful to look upon.

Clinically Ant. tart. has been confined in its use mostly to the mucous membranes of the chest, but it has this same passive condition of all of the mucous membranes of the body. Discharges of white mucus from the eyes. "Eyes prominent, glaring. Dim, and swimming. Gonorrhœal ophthalmia." But the rheumatic conditions furnish another form of this remedy, another phase of it like *Antimonium crudum*. The joints are affected, take on a passive, slow infiltration and become dropsical; dropsical swelling of all the joints. Gouty infiltration of the joints, and these are especially bad during the cold, wet weather. Eye symptoms of this gouty character. Eyes infiltrated along with the joints, so

there is a gouty state of the eyes. The gouty state affects the whole body. The mucous membrane is pale instead of being red and inflamed; it is pale and relaxed, and it appears to ooze; mucus forms upon it very readily. This is the state that occurs in the chest. It is not that burning rawness found in *Ars.* and the more acute remedies, although there is a state of prostration and the anxiety and the cold sweat which make us sometimes think of *Ars.*

Listen to something about the face; I have already gone over it once, but I want to read some of the symptoms. "Anxious look. Face expresses great anxiety. Despairing anxiety depicted on face. The face red and puffed. Face red, bloated, and anxious." But most commonly, remember, it is pale and cold. "Despairing, anxious look. Great pallor. Pale, sunken face. Cold and livid countenance, bathed in cold sweat."

Then this gouty state affects the teeth. His teeth are all rheumatic. "Rheumatic pains in the teeth" with rheumatic pains in the joints. Teeth are sensitive. "Teeth covered with mucus."

With all the complaints the *stomach* practically gives out, and there is nausea, inability to digest, and loathing of food. Vomiting of everything taken into the stomach; vomiting of even a spoonful of water. In most complaints this remedy is *thirstless*. It is an exception that it has any thirst. Generally in these attacks of dyspnœa the friends of the patient stand around with a very strong desire to do something, if it is only to hand a glass of water. This patient is irritated by being offered a swallow of water. He is disturbed, and shows his annoyance. The child will make an offended grunt when offered water. Thirstlessness with all these bronchial troubles, with copious discharge of mucus and great rattling in the chest. Does not want any water. Sometimes there is an irresistible desire for cold things in the stomach, but it is the exception, it is not common. "Desire for acids, or acid fruits," and they make him sick. Troubles brought on in the stomach from vinegar, from sour things, from sour wine, from sour fruits, as in *Ant. crud.* Aversion and disgust for milk, and every other kind of nourishment, but milk especially makes the patient sick, causing nausea and vomiting. The stomach and abdomen are greatly distended with flatulence. The

abdomen is tympanitic. It used to be a common thing in Old School practice to give Ant. tart. in material doses in fevers, and to follow it up until the abdomen showed signs of grievance, which was followed by a running off at the bowels. Then it was a sign that Ant. tart. should be stopped in pneumonia. The old practitioners followed that for years. Hardly any other medicine was administered for pneumonia except Ant. tart. No wonder that so many of their patients died, because before the disease would have a chance to run its course and turn into health the lungs would be paralyzed from the action of the Ant. tart. given by the Old School doctor, and then the patient would sink and die from exhaustion. With the stomach symptoms, and bowel symptoms there is this *constant nausea*, but it is more than a nausea, it is a deathly loathing of every kind of food or nourishment, a nausea with the feeling that if he took anything into the stomach he would die; not merely aversion to food, not merely a common nausea that precedes vomiting, but a deathly loathing of food. The weakness takes on an increased anxiety, and he increasingly suffocates when he is offered food. Kind-hearted people very often want him to take something, for perhaps he has not taken any food all day, or all night; but the thought of food only makes him breathe the worse, increases the dyspnoea, increases his nausea, his loathing, and his suffering. Vomiting is not an easy matter in this remedy. It is not merely to open the mouth and empty the contents of the stomach. The vomiting is more or less spasmodic. "Violent retching. Gagging and retching and straining to vomit. Suffocation, gagging, through great torture." The stomach seems to take on a convulsive action, and it is with the greatest difficulty, after many of these great efforts on the part of the stomach that a little comes up, and then a little more, and this is kept up. "Vomiting of anything that has been put into the stomach, with quantities of mucus." Thick, white, ropy mucus, sometimes with blood. "Vomits with great effort. Vomits slime, with great exertion. Vomits mucus. Vomiting large quantities of mucus. Vomits tenacious mucus." That tells you the story of what he vomits. "Vomiting of slime, with bile. A tough, watery mucus, then some food, then bile." But the principal thing vomited is the thick, white ropy mucus,

flowing from the mucous membranes everywhere. Tough and stringy; can be drawn out in strings. The patient who is vomiting is often choked while this thick, ropy, white mucus is being expelled from the œsophagus and mouth. The mouth fills up with it. It is a tremendous effort, a spasmodic effort, for this patient to rid the stomach of its contents, which is mucus, or mucus and bile. Early in the vomiting it is mucus, and after much straining there is a regurgitation of bile into the stomach, and the continuing of vomiting is from bile. The great straining also induces a flow of blood into the stomach, and the contents of the stomach will be streaked with blood. *Ulceration* of mucous membranes everywhere in the body is a common thing. It has ulcers in the nose, ulcers in the larynx, and ulcers that bleed. Bleeding ulcers in the stomach, and so there is vomiting of blood.

Like *Antimonium crud.*, it has been useful in old drunkards. Old drunkards sometimes take on a marked debilitated form and take frequent colds. After getting over a big debauch, having been many days on one of their times, they become relaxed and cold, and take cold, and the chest fills up with mucus, and they are vomiting, suffocating and vomiting. "Rattling of mucus in the chest of old drunkards." Ant. tart. is sometimes required. *Ant. crud.* when the trouble is confined mostly to the stomach. Ant. tart. when the chest symptoms are present, with growing anxiety and the coldness and the prostration; prostration from long drinking. Old gouty patients, old drunkards; old broken down constitutions. In children also that have broken down constitutions, as if they had grown old. These take cold in the chest, with great rattling of mucus, and require this remedy.

Very commonly there is awful anxiety in the stomach, it is not always described as a pain, but an anxious feeling, a deathly sinking, an indescribable sinking feeling in the stomach as if she were going to die. "Anxiety in the stomach, with nausea." A passive congestion of the liver, with vomiting of bile.

The remedy is also full of cutting pains, cutting like a knife. Pinching in the intestines. Colicky pains. Distension of the abdomen. The abdomen may be distended with serum when it is dropsical, or it may be distended with flatus when it is tympanitic. Violent colic. "Sharp, cutting pain, as with knives.

Most violent pains in the abdomen." Dropsy is one of the natural indications of all forms of Antimonium. I remember once upon a time an energetic horse doctor feeding all the horses Black Antimony when the epizootic was upon the land, going through all the stables. I learned that he was giving Black Antimony to all the horses and I left instructions that mine should not have any medicine except what I gave. Nearly all the horses that he treated ended in dropsy, and were laid up for days and weeks with their feet and legs wrapped up. It was a proving of Antimonium. All the forms of Antimonium have that dropsical tendency, relaxation and weakness. Ant. tart. is full of it. It was a common thing, formerly, for old broken down constitutions to be put on Ant. tart. at the end of pneumonia and fevers, but they almost always had bloating of the feet for three or four months after getting up. If they did not have that, they had "fever sores." Antimonium is a common cause of the "fever sore," the lingering indolent ulcer that forms upon the legs following old fevers in broken down constitutions. Sometimes they never get rid of them. They certainly never get rid of them unless they fall into the hands of a prescriber of our school.

Well, this remedy is still rich. Read over carefully the symptoms of respiration, the symptoms of cough, the symptoms of the chest, the symptoms of the heart, the symptoms of sleep, because I have only mentioned a few; you will thereby get a fair picture of the remedy.

APOCYNUM CANNABINUM.

This remedy comes in as a good remedy to contrast with *Apis*, the one we last lectured upon. You will find it analogous in its symptoms, so much like the complaints cured by *Apis*. You will be astonished in going over the dropsical condition, the rheumatic conditions, the tumefaction of the cellular tissues, the dropsy of the sacs, the scanty urine resulting in dropsy, the inflammatory swellings with œdema, you will be astonished at the great resemblances; and if you were to start in with two cases and work them out from their particulars, and if one feature were left out,

the aggravation and the amelioration, the cold and the heat, you would not be able to distinguish between *Apis* and Apocynum, so near alike are their swellings, their bleedings, their distensions, and their disturbances. Both are good remedies for dropsy; routinists will try first *Apis*, and then they try Apocynum, and then they will try something else that is good for dropsy. That is the way homœopaths usually do, on some keynote or other.

But all the way through this medicine is *aggravated from cold*, the patient himself is aggravated from cold. His complaints are worse from cold applications. In his distended, dropsical state, he is chilly, sensitive to a breath of air. He is sensitive to cold drinks. He gets a pain in the stomach, and even vomits, from cold drinks. Pains in the abdomen from cold drinks. Uneasiness here and there in the body when cold things are in the stomach; you see at once how different that is from *Apis*. Any one who follows symptom hunting and does not distinguish between things that relate to the patient and things that relate to symptoms cannot appreciate these two grand distinctions, where the one patient is aggravated from heat, and the other one ameliorated by heat in all of his affections, in all of his complaints, his aches, and his distresses.

The *excretions* are all *diminished*. The urine is very scanty. The skin is very dry. No matter what his complaints are, he cannot sweat. He feels if he could only perspire he would get well. There is no outthrow of water. He drinks plentifully, and it goes into the cellular tissues to distend them, and he becomes dropsical. He has a water constitution, one that takes in water, and lets out none. He passes little water, and he perspires scantily or none at all; his skin is dry, sometimes hot, yet he is chilly. The skin feels husky and rough, but he is chilly. That is the same as *Apis*. *Apis* suffers dreadfully from dry skin, from scanty urine; yet *Apis* is aggravated everywhere from heat, and ameliorated from cold. This remedy is the very opposite. That is the grand distinguishing feature in the dropsies, and rheumatisms, and many internal complaints. "Dropsy of serous membranes." Dropsy of the brain, pericardium, pleura, peritoneum; all of these are distended with serum. And there is

great suffering, great uneasiness. The inflammatory rheumatism is again like *Apis*, in that it takes on dropsy with it. Inflammation of the joints, of the ankle joints, of the toes, of the fingers, inflammation of the joints all over the body. The swelling about the joints pits upon pressure just like *Apis*. But with the scanty urine, want of sweat, with the febrile condition, he is all the time chilly, and wants the parts well wrapped where *Apis* wants them covered. This shows forth a grand distinction. One might say, "Why, that is only one symptom." All who do not perceive the difference between symptoms predicated of the patient and symptoms predicated of the parts will see that as only one symptom with the rest of them. When he takes up a case and works it out in the Repertory he will use it as one symptom. Yet that feature will sometimes rule out all the rest, because it is predicated of the patient, and not predicated so much of his parts. We have many remedies where the patient himself is ameliorated from heat. He wants to be in the heat, he wants to be warm, and yet he wants cold applied to the inflamed part. But that which is the general is the ruling feature and if we do not know and distinguish the things that are general from the things that are particular we get our *Materia Medica* all mixed up. We must distinguish the things that belong to the patient himself from the things that belong to his parts. "Dropsy, with great thirst." He wants to take in water, but he lets out no water, and this increases his dropsical tendency.

This is a great medicine for the low forms of disease, such as typhoid and scarlet fever, and is useful after lingering sicknesses. Patients become greatly prostrated, very chilly, very anæmic, take on great thirst, the urine becomes scanty, the skin becomes dry. It is a bad convalescence: he has not recovered. Dropsy sets in in this state; dropsy after scarlet fever, dropsy after typhoid fever. A low form of disease, like typhoid fever, has kept him in bed for four or five weeks, and he is emaciated and prostrated, and now, he does not gain flesh, he has no appetite, but he drinks copiously; he seems to want nothing but water. His skin commences to distend, fills up, and becomes dropsical. That is a good deal like *Apis*, and *Apis* would be indicated provided he was always hot, and wanted to be uncovered, and wanted cold things.

The mental symptoms of this remedy have not been brought out. We only know a few clinical symptoms, and they are of little importance. It has cured that peculiar kind of stupor belonging to hydrocephalus, but we do not know what kind of a primary case of brain disease this remedy would fit, because of lack of provings. We only know the condition after it has existed for a long time, that is, for weeks, rolling the head, and tossing about, and he is greatly emaciated. The little one has chills and fever along with it, and his skull is beginning to distend, the fontanelles are growing wider; then we begin to think of some of those remedies capable of curing dropsy in the shut sacs, and this is one of them. But we do not know the beginning. We do know the beginning of *Apis*, but not of this remedy. It would be a grand thing if this class would take hold and prove such medicines, so we may know something about their primary manifestations. Hahnemann's provings are full of particulars. He cross-examined his patients as to their modalities, the time their symptoms began, and where they ended. Many of the symptoms he felt upon himself, because he proved many remedies. Hahnemann had a sensitive constitution and deep perception; and his provings gave him an insight into medicines that he could not have obtained in any other way. Those who prove medicines properly, conscientiously, prudently, learn more about *Materia Medica* than any one else. They become inured to hardship, and live longer than any one else. They are hardened to their environments, to their atmosphere, to their associates, and their surroundings. They are made better, and they may be able to perceive something of what Hahnemann perceived. But now-a-days provings are made and nothing recorded but common symptoms. That is, stomachache, nausea, headache, pain in the back, cold feet. Many of our remedies are not proved much further than that. What, when and how much, are left out. The modalities are left out. The finer sensations are not described, because they are considered emotional. "Low-spirited and bewildered. Feels as if she could do nothing but cry." See what a scarcity of mental symptoms we have in this remedy. We do not know the affections of either the male or the female. We do not know the desires or aversions, mental or physical; and hence it may be said

that this is only a partial proving, and suitable only for those complaints that show themselves upon the surface.

“Hydrocephalus, with great stupor.” That is the last stage of it where there is great prostration, loss of flesh, stiffness of all the limbs, with dropsical swellings. Many times in hydrocephalus pains shoot along the nerves, and attack the joints. Then it is that such remedies as *Apis* and *Calc. carb.* and this one take hold with wonderful depth. The first permanent and substantial indication that the remedy is working in a hydrocephaloid case, is that it increases the flow of urine, which has been scanty all the time.

The expression of the face is that of anguish. “Face bloated, puffed, swollen. Bloating under the eyes. Pitting upon pressure. Tongue dry; great thirst.” There is another remedy that comes into this sphere, that will be very often misunderstood, too, and will be likely in most instances to be given before this remedy. It is *Ars.* It has all the dropsical conditions of *Apis* and Apocynum. It has all the coldness, and distension of the abdomen, and of the shut sacs. It, too, is ameliorated in all of its symptoms, and the patient himself is ameliorated, from heat, and intense heat is required for that purpose. He wants to be in a very hot room, but it has something else. It has a deathly prostration, a deathly anxiety, and terrible restlessness, not found in either of these remedies. It has also such a cadaveric odor, discovered on entering the room, which is not common to either of these remedies. In this way we have to take up our medicines and study them only one at a time, but we have also to study them by examination and comparison. The medicines that are similar in generals have to be compared, as to heat and cold. That is the first modality we examine into. In that way we get a list of those that are ameliorated by cold, and a list of those that are ameliorated by heat; and another nondescript list not ameliorated by either. That is the starting point, and we have to divide, and sub-divide these, and so on.

“Thick, yellow mucus in the throat. Great thirst. Stiffness in the thoracic region. Fullness. A sense of distension.” You will think a moment and see that filling up the pleural cavity does not cause very much outward distension, because the

ribs prevent it. They form a wall, and hence the growth or distension is towards the lungs, and downward towards the diaphragm. By this means we get increasing dyspnœa, with cough. This medicine, like *Apis*, must sit up; cannot lie down. You will find it is a common feature in hydrothorax for the patient to be compelled to sit up, because lying down increases the pressure upon the lungs and narrows the breathing space; and hence, he must sit up in order to let this heavy water-bag, the pleural sac, hang down, against the diaphragm, and that produces all sorts of pressure in the abdomen and distension of the bowels. "Thirst on waking. Thirsty all day. Great thirst but water disagrees." He likes cold water, but it so disagrees with his stomach, causing pain in the stomach, or causing him to vomit it up before it even gets warm, or causing distension, or causing uneasiness, so that he dreads to take cold drinks. He is more comforted by hot drinks. Warm drinks warm him up, make him more comfortable, cold drinks aggravate. Yet his thirst is for cold.

Then come distension and vomiting. You will find patients so distended in all their cellular tissues with a general anasarca that it seems that no more water can be taken from the stomach into the blood. He is full. The blood vessels are distended, his stomach is distended and he must vomit it up; and with this awful distension of his whole body he drinks and vomits, and drinks and vomits, does almost nothing else. It is with difficulty he can eat; cannot keep it down; it will not digest. His stomach is all the time full of water and he suffers if he does not drink. From this comes a part of these symptoms. "Sense of pressure in the epigastrium, in the chest," so that it is almost impossible for him to get breath enough to move. As it was described by one of the provers, "breath enough to puff his cigar." Very little food makes him feel distended. He wakes up and wants something in the stomach. There is a gnawing hunger, but every little thing, even a mouthful, makes him feel distended. His stomach is already full of water and he vomits up great quantities of water, of bile, and of undigested substances that he has swallowed. The stomach finally, in dropsical conditions, becomes very irritable. It seems as if nothing passes through him. He finally becomes paralyzed in the bowels. The kidneys

are not acting, and scarcely any urine passes. The tongue becomes inflamed. The mucous membranes are all inflamed, and probably the stomach is. Abdomen very much distended; dropsy of the abdomen.

Then another phase comes on. It seems that one by one each organ ceases to perform its functions. You have already heard about the kidneys and bowels becoming paralyzed. The ovaries and uterus fail to perform their functions, and amenorrhœa comes on with dropsical conditions. Many times this seems to be the beginning of such troubles; a failure of these organs to perform their functions, and then dropsy sets in. A woman passes along to a low state of weakness and nervous excitement, no menstrual flow, tenderness of the abdomen, distension of the abdomen, and then distension of the limbs.

Apocynum has been a curative remedy in diarrhœic conditions alternating with dropsy. Sometimes a diarrhœa will set in and all the other troubles go away. I once knew large doses to be given in a case of dropsy, and it established its own peculiar diarrhœa, and while that diarrhœa lasted the enlarged spleen and the dropsical condition of the body all went away apparently, to the doctor, in a natural manner. It was brought to my observation, and I said, "Wait." Finally he was brought to stop the poisoning by Apocynum, and heart failure followed at once. A similar effect is to be seen from the allopathic use of *Digitalis*. The time comes when the doctor will be compelled to stop *Digitalis*, and the patient dies of heart failure; *Digitalis* is never charged with the death, and the doctor never seems to learn that *Digitalis* will kill.

Everywhere the functions are impaired, in the skin, the kidneys, bowels, uterus, and all tends towards the formation of dropsy. Urinary troubles are exceedingly troublesome. Scanty urine accompanies many complaints among the early symptoms. Retention of urine; painful micturition; urging to pass urine constantly. The bladder is sometimes only partially full, but he cannot pass urine. "Retention, with great urging." "Paralysis of the extremities. Urging to urinate." Numbness, tingling in the extremities, and finally entire loss of power. Some patients remain this way for a while, and finally dropsy will set in. It has alter-

nating conditions, as I have mentioned; dropsies, alternating with copious discharges. The dropsy may be relieved by copious watery discharges from the bowels or by copious spasmodic action of the kidneys, the urine being so profuse that he can hardly realize where so much water comes from. All at once it ceases. The urine becomes scanty, and then the tissues fill with serum, and the dropsical condition progresses. These conditions cease after a while, and the heart fails. "Urine diminishes to one-third its usual amount, without pain or uneasiness about the kidneys or bladder. Urine suppressed. No urine at all in brain affections." It was a routine medicine once, given to all children for wetting the bed, and as it cured many it must have that symptom, but that is a clinical symptom. It is not surprising, seeing its action is so marked upon the bladder, that it has cured, many times, involuntary passage of urine. "Dropsy of the genital organs."

I have mentioned the suppression of the menstrual flow, the amenorrhœa, but it has also a marked hæmorrhagic tendency. It will establish hæmorrhage anywhere, but especially from the uterus. Copious hæmorrhage. The menstrual flow may become copious, too frequent, last too long; but it will also establish a uterine hæmorrhage at another time. It will cause the patient to bleed so copiously that she becomes anæmic from uterine hemorrhage; and then will follow dropsy. The old routine practitioners were in the habit of giving *China* in most instances where dropsy followed a hæmorrhage. It was so generally useful, and so commonly relieved, that they never used any other remedy. But *Apocynum* is also a great remedy for dropsy following hæmorrhage. It is both a hæmorrhagic remedy and a dropsical remedy. Many times it will fit the symptoms clearly in dropsy following hemorrhage. "Prolonged menorrhagia, or hæmorrhage from the uterus for six weeks. Blood expelled in large clots, sometimes in a fluid state." Moderate flow for a day or two; suddenly sets in with such violence that she cannot be out of bed. Compels her to lie quietly. "Shreds, or pieces of membrane with the fluid blood. Menorrhagia continuing, or paroxysmal," that is, a continuous flow until the patient is exhausted. That is like *Phos.* and *Ipecac.* and *Secale.* In most instances a uterine hæmorrhage will cease after about so much blood

has been lost. In medicines where the flow is so liquid as it is in this medicine that tendency to cease does not come until a state of profound exhaustion has come on. Then the dyspnœa, as has been described, will not permit the patient to lie down. This is commonly from hydrothorax. It has also a hypostatic congestion of the lungs in patients that have been sitting up a long time, so that it fills up from below, gradually creeping up so that a large portion of the breathing space is destroyed. "Great oppression about the epigastrium. Difficult breathing. Gasping for breath. Wheezing and coughing."

Not very much is known about the catarrhal affections, and further proving is necessary before we will learn very much about them. The cough comes from pressure. Rattling in the chest, which is secondary, and not primary. It has all the rattling that is found in *Tartar Emetic* and *Tartar Emetic* has a similar filling up of the chest, cannot lie down.

Pulse small and irregular; almost pulseless. Disposed to faint whenever she attempts to raise her head from the pillow. Small weak pulse. Dropsy of the pericardium. Palpitation very troublesome.

GOSSYPIUM HERBACEUM.

Proving by W. D. GORTON, M. D., Austin, Texas.

Cotton Plant.

Malvaceæ.

(1) First prover, male.

(2) Second prover, female.

Made in 1889.

Made in 1890.

Goss. θ , 30, 2c, 10m.

Mind: Sadness; all the depressing scenes of her life passed before her like a panorama; the minute details of things that had happened long ago. (2) (200), first day.

General uneasiness; anxiety with sighing; morbid brooding; apprehension; difficult to concentrate mind; harshness; impatience; tearful; violent fits of weeping; excited by sad mental emotions; nervous excitement with trembling of limbs difficult to overcome. Frequent bursts of weeping when mind reverted to

painful, or sad occurrences. (2), 30, first day. (2), 30, second day.

Wanted to go away into new scenes; wanted everything she could not have; general discontent about which she talked much; every new wish or thought made her tearful; > after eating.

Sensorium: Slight vertigo in forehead a few minutes after taking the dose. Slow throbbing in occiput (headache); vertigo with dull pain all over head. (1) θ . Vertigo, with feeling of blood rushing through inner ear, sensation as of opening and shutting of valves. Vertigo, attacks at intervals, accompanying an intermitting headache, menstrual. (2), 30.

Inner Head: Feeling as though band were tied tightly over top of brain, after nocturnal emission; dull frontal pain; dull pain in forehead and vertex all day; sticking pain in right eye extending into brain; throbbing headache with dizziness; cutting, throbbing pain in occiput lasting three minutes; shooting pain above left ear into brain, three minutes' duration. Slight dull headache all the afternoon; slight headache with dreams during the night. Dull in forehead, with vertigo and slow throbbing in occiput. Pressive headache with nausea and vertigo; sore feeling of brain in the morning; shooting from over right ear into brain; uneasiness in head; headache with nausea; sharp pain through temples and occiput. (1), (θ).

Dull, heavy pain in vertex, forehead and temples at menstrual period, lasting twenty-four hours, intermitting, accompanied by attacks of vertigo; pain moving from right side to left and from vertex to frontal. Throbbing, surging through temples; intermitting sharp sticking in right temple and over right eyebrow; pain became excruciating toward evening. (2), 30.

Sight and Eyes: Stitching pain in right eye extending backward into brain. Feeling as though there were a kernel of wheat in left eye; as though they would be inflamed. Inflamed, agglutinated when waking in the morning; right eye <; sore feeling in ball, blood-shot, burning. Above symptoms continued three days. (1), θ .

Lancinating pain in ball of right eye, momentary. Heaviness and aching in balls during menses. Throbbing, surging through balls into temples, during menses. (2), 30.

Eyes heavy on lying down; balls burn, < hot applications (water). (2), (2c.)

Hearing and Ears: Sharp pain from left ear into head. (1), θ . Sensation as though great quantities of blood were surging against inner right ear, as if valves were opening and closing, with vertigo; lancinating pains in left ear and in throat under larynx, lasting five minutes. (2), 30, 10m.

Sudden roaring in left ear followed by sensation as though insect were fluttering against tympanum, prolonged until it produced nausea, followed in ten minutes by lancinating from left ear to larynx; roaring in left ear like noise of walking beam of an engine, a loud churning. (2), 2c.

Smell and Nose: Sneezing. Mucus from posterior nares hard to dislodge. (1), θ .

Sneezing. (2), 30.

Lower Face: Dull pain in jaws, < upper. (2), 2c.

Mouth, Taste, Tongue: Slimy sensation in back part of roof of mouth. (1), θ .

Uneasy feeling of mucus in posterior nares with constant desire to swallow; dryness of mouth; insipid taste on waking in the morning; tongue dry and roughened, not relieved by drinking; tongue coated yellowish white. (2), 30.

Tongue coated white with pink edges; metallic taste, > by breakfast, (2), 2c.

Appetite: No appetite. (2), 30.

Eating and Drinking: Eating > bad taste in mouth; eating ameliorated mental symptoms.

Nausea and Vomiting: Nausea with tasteless belching.

Nausea with headache. (1), θ .

Nausea with unpleasant dryness of mouth; nausea a prominent feature of this proving; nausea with intense headache < on moving, on walking; < in a close room; > in fresh or open air.

Nausea accompanied by fluttering in ears. (2), 30.

Nausea after breakfast (2), 2c., 10m.

Stomach: A feeling of "goneness" in stomach; colic. (2) 2c.

Abdomen: Colic; flatulent colic; sharp, intermitting pains from hip joints through abdomen. (2), 2c.

Stool and Rectum: Frequent urging, scanty but natural stool.

(1), θ . Inability to pass stool; stools large and hard, causing much pain in anus; stool slipped back into rectum, causing aching pain all day. Hæmorrhoids (did not know of their presence before); pressing painful from coccyx into anus. (2), 2c.

Urinary Organs: Urine red with slight sediment, dark, cloudy, floating. (2), 30.

Retention of urine for twelve hours; burning at meatus on micturating. (2), 2c.

Male Sexual Organs: Seminal emission at 12, midnight, with amorous dreams, no erection, followed by feeling as though band were drawn tight over brain, with slight dull frontal headache and wakefulness. (1), θ .

Sharp shooting in left spermatic cord during the night, with severe pain in joint of right ankle and an uneasy sensation in left testicle. Sexual organs and desire stimulated. (1), 30.

Female Sexual Organs: Menses appeared three days too soon, accompanied by dull, heavy aching in vertex, frontal, temples and eyeballs, lasting twenty-four hours. Pain intermittent, accompanied by vertigo, moved from right side to left, from vertex to forehead, throbbing in temples. Amorous dreams forgotten on waking. Menses preceded by restlessness, chilliness, sleeplessness, cold feet and palpitation of heart at every movement. Menses come on with a chill (an old symptom of several years ago, has not been present of late years and did not continue after proving closed). Flow began with a gush, painless; but soon after drawing, tensive in lower limbs. Sleep restless, dozing with continuous dreams of amorous acts, of dead persons. Constipated, inability to pass stool next morning. Flow pale, lasted five days (two days longer than usual), scanty, brown toward the last. Bearing down in vagina and vulva, with keen sticking every few seconds, both during the day in motion, and at night at rest in bed, < left labium majus. Feeling of drawing upward of genitals toward uterus. Pains > by warmth of hand. Vulva and vagina sore and sensitive to touch. Two small granules, size of kernel of corn, one on upper part of left labium majus and lower part of right labium minor, red base, white papillæ, exceedingly sensitive; these appeared at the spots where the sticking and stinging pains were most severe. Leucorrhœa white, milky, thick, viscid. (2), 30.

Pregnancy, Parturition : Miscarriage. Vomiting of pregnancy (clinical), θ . Much used in the South by abortionists. (Infusion.)

Voice, Larynx, Trachea : Sharp pain below larynx. Lancinating pain in both sides of throat from left ear below larynx. (2), 30, 10m.

Lancinating from left ear to larynx. (2), 2c, 10m.

Heart, Pulse, Circulation : Palpitation at every movement, < lying down; seemed to shake the couch. (2), 2c.

Lower Limbs : Drawing, tension in after menses began.

Rest, Position, Motion : Motion did not affect the severity of pains, nor did change of position. As severe at rest as when at work. (2). Nausea < on motion. (2), 10m.

Nerves : Nervous excitement accompanied by trembling of limbs, difficult to overcome. Great excitement. 10m, (2), 30.

Sleep, Dreams : Sleeplessness before menses began to flow. During flow, restless, dozing, with dreams of amorous acts, of dead, forgotten on waking. (2), 30.

Time : Emissions about midnight. (1), θ .

Fever : Tea made from the seeds is used for suppressing intermittents.

Locality and Direction : Internal head and ear, larynx, lower jaw, mucous membrane of nose and mouth, heart, stomach, abdomen, sexual organs (markedly in female), rectum, bladder, nerves. Sticking from without inward; drawing from below upward. Shooting inward, right ankle. Attacks intermittent.

Sensations : Aching inner head, jaws. As of band tightly drawn over brain. Bodily restlessness and anxiety. Burning at the meatus. Chilliness before menses. Colic in abdomen. Drawing in lower limbs. Dryness in mouth. Fluttering in ear. Goneness in stomach. Heaviness inner head and eyes. Inflammation in eyes. Lancinating in occiput, lancinating from ears into throat. Sensation of opening and shutting of valves in ears.

Pressing in rectum. Restlessness in bed.

Roaring in ears. Surging in temples, in ears.

Sticking, stinging in head.

Sticking, stinging in vagina and labia.

Sharp shooting in spermatic cord.

Sharp shooting in right ankle.

Soreness in brain.

Soreness in granules on labia.

Throbbing in temples. Uneasiness in testicle.

Vertigo (marked).

Tissues: Mucous membranes. Nerves.

Touch, etc.: Soreness following acute pains. Sensitive to touch. Warmth of hand gave temporary >.

Skin: Granules on inner and outer labia, red base, white papillæ, painful.

Stages of Life and Constitution: (1), Blond, æt. 39, sanguine, healthy. (2), Brunette, æt. 30, widow, nervo-bilious, healthy.

Relations: Act. rac., Apis, Asar., Bell., Bry., Carb. veg., Eupion, Graph., Lil. tig., Lyc., Nit. ac., Puls., Sabina, Secale, Sepia, Ustil.

TWO CLINICAL CASES—GOSSYP. HERB.

Mrs. J. F. M. Octoroon, æt. 18. Two mos. pregnant.
June 18, 1890.

Mind: Discouraged, thinks she will never get well; easily startled, confused, nervous excitement.

Head: Lancinating. intermitting pains in frontal and occiput, throbbing temples, < stooping and motion.

Eyes: Vanishing of sight when standing; inner canthi burn and itch.

Nose: Epistaxis since becoming pregnant.

Chest: Respiration panting, short, on ascending.

Heart: Throbbing pain; lancinating, intermitting, extending downwards; occur at the same time with ovarian pain. Palpitation on walking fast or going into a hot room.

Stomach: Nausea as soon as she begins to eat, continuing afterward; vomiting of food, of bile, sour. Bloats after eating, with eructations of food and sour water; exertion on getting warm causes vomiting. Never vomits when not pregnant.

Sexual Organs: Began menstruating at twelve years of age; ever since, intermitting, lancinating pains in both ovaries. <

left; pains begin with appearance of flow, lasting twenty-four hours or longer. Pains recur every minute. Flow dark, coagulated, ceases on the fourth day for twenty-four hours, then returns. Married eighteen months, miscarriage a year ago. Leucorrhœa yellow, like cream; pruritus. Epistaxis before and during menses. Has never enjoyed coition.

Limbs: Cramping in calves.

Skin: Always healed slowly.

Generalities: Lassitude.

Gossyp. 30.

June 22d.—Nausea was increased on second day after taking dose, is > now.

June 25th.—Nausea after eating, but no more vomiting; thinks she would feel better if she could vomit. Nose bleeds nearly every day.

July 4th.—Nose still bleeds.

Gossyp. 30.

Aug. 27th.—Improvement has been gradual; reports she has had none of the above symptoms for several days.

Mrs. J. G. Mulatto, æt. 18.

May 1, 1895.

Face and Head: Vertigo on stooping or walking; flushes of heat followed by hot sweat on face.

Stomach: Gripping in the afternoon; faintness, gnawing with hunger about 9 A. M.

Appetite: Hunger at 9 A. M., does not last long; thirst for much and often.

Sexual Organs: Seven days ago she weaned a thirteen-months'-old child; menses came on the next day, lasting three and a half days, preceded by uterine cramping. On second day of flow sticking began in right ovary, intermitting, < from 2 P. M. until about daylight next morning. No more pain until 2 P. M., when it returns daily.

Limbs: Cramping in calves and feet when extending them.

Modalities: Going into a close room or becoming over-heated causes smothering.

Chill: Chilly when first taken sick; thirst, but water causes nausea; aching in stomach; chill began about 11 A. M., with desire to be covered. Chilliness began in feet, running over whole body.

Fever: Thirst. Desire to be uncovered, but uncovering causes chilliness. Weak, faint.

Goss. rom, 1 dose.

Pains in ovary > in less than thirty minutes. Several months later patient reported no return of the trouble.

ERRATA AND ADDENDA.

To Dr. Miller's *Relationship of Remedies* the following corrections and additions should be made:

Ant. tart.,	Remedies that follow well delete	Kali bich.
Carb. ac.,	" " " " "	Merc.
Iod.,	" " " " "	Nux, Rhus, Sep., Sil., Sulph.
Nitr. ac.,	" " " " "	Bell., Thuja.
Sang.,	" " " " "	All the names.
Sepia,	" " " " "	Dros.
Sulph.,	" " " " "	Bar. c.
Acon.,	" " " " "	add Spongia.
Hepar,	" " " " "	Nitr. ac.
Lachesis	Incompatible remedies	" Acet. ac.

Boëninghausen's manual gives the following inimical remedies:

Arnica, — wine.
 Bellad., — vinegar.
 Lachesis, — Dulc., Nitr. ac., Psor.
 Ledum, — China.
 Nux v., — Acetum.

It is worthy of notice that the *Guiding Symptoms* state that Coff. is both an antidote to and inimical to Ignatia, and also to Lycop.

According to Kent, "remedies that are very similar in action either antidote one another or are inimical," and if this is so the statements of Hering need alteration.

R. G. M.

TRANSACTIONS OF THE SECOND SESSION OF THE
AMERICAN HAHNEMANNIAN ASSOCIATION.

HELD AT

CATSKILL MOUNTAIN HOUSE, CATSKILL. N. Y., THURSDAY,
JUNE 28TH, 1900.

A CASE OF CANCER.

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

DISCUSSION—CONTINUED.

Dr. Carleton: And when you see this that resembles erysipelas, I think it is septicæmic.

Chairman: I would like to ask Dr. Carleton what he has found the result in reference to the suffering of patients in secondary conditions following operation as compared to the suffering of cases treated wholly by remedies?

Dr. Carleton: Perfectly damnable, and frequently uncontrollable.

Dr. J. Campbell: I would like to speak of a case in that connection; the pains were simply horrible, the fearful sense of dragging weight in left arm which was enormously distended. I had her x-rayed, which for one week reduced the pain to zero.

Dr. Carleton: What were your indications for using x-rays?

Dr. J. Campbell: Why, simply the obstinate recurrence of all the symptoms.

Chairman: Have we any proving of x-rays?

Dr. Close: Indeed we have. A proving of the x-rays was made under the direction of Dr. Fincke, by the members of the Brooklyn Hahnemannian Union, which meets at my house monthly. The records were taken by him and arranged in schematic form and presented at the meeting and added to the transactions of the I. H. A. for '98. It was later published in the *Medical Advance*, by Dr. H. C. Allen.

Dr. Morgan: Dr. Loos, did you notice when you gave the remedy and the pain was relieved whether there was relief of the bad odor, manifesting relief all around?

Dr. Loos: The odor was not relieved at all when the pain was relieved. There was no marked relief of odor until after the severe flooding spell, of which she was at the time unconscious.

Dr. Morgan: Most of the time I have noticed when I gave a remedy that was going to do something that the odor would be modified first, and then by the time the odor was better the pain would go away.

Dr. Loos: There was no absence of odor until this swelling on the arm came.

* The progress of this case since June is of sufficient interest to append it to the case as then given. Reports received since that time show that the patient was strong and well until about 1863, when she contracted "Army Itch," which was treated by inunctions of mercury ointment on the back, the site of the eruption. A few years later she was bed-ridden, for weeks with lung abscesses. She was also, before or after this, a martyr to many severe axillary abscesses and painful hæmorrhoids with diarrhœa. The past hot summer proved very trying to her. The cough persisted with hectic symptoms, emissions and exacerbations, showing formation and evacuation of lung abscesses from June to November. It "kept her weak," accompanied by vomiting and flatulence, loss of appetite and sleepless nights. The noise of night of July 4th completely prostrated her (Arn. 40m.). July 25th an abscess began to develop and opened in right axilla on 30th (Hepar 55m.). August 23d profuse diarrhœa began, persisting many days. August 29th a clear image of China with characteristic mental state called for that remedy. Its use was followed by immediate improvement. From the weeping, whining, peevish woman she became herself, cheerful, jolly and bright. About this time she said she felt as if she was being cleaned out. In September a persistent painful bladder catarrh was relieved by Caust. All this time she gained very little strength. After careful study, October 2d, she received Silica 6m, followed by a few days' aggravation, and then steady improvement. No change in remedy since. In late November she began to walk. Early in December an eruption appeared on the back with much itching. By December 22d, one year from the first interview with her, she had been walking in the garden, out riding and visiting the neighbors nearby. For several weeks she has been growing plump, the flabby skin filling up with firm muscle and fat. At present she has wholesome, cheerful appearance, steps briskly and helps herself easily, complains only of pains across back and in limbs, of rheumatic character.

The breast presents an open, flat, discharging surface of a few square inches with a nodular, dull red lump at outer upper border where the lump began. The rest of the surface is flat. It is wholly odorless, seldom painful, save from barometric changes; is slowly though steadily healing. A small specimen, affording only moderately good slides, was taken off October 17th. This was examined by two pathologists, one of whom named it adeno-sarcoma, the other adeno-carcinoma.

JULIA C. LOOS.

January, 1901.

SECOND DAY—AFTERNOON SESSION.

The following papers were read and discussed, although the writers of same were not present:

AGGRAVATIONS FROM THUNDERSTORMS.

OLIN M. DRAKE, M. D., Boston, Mass.

In a practice of thirty years I do not recall more than four marked cases of illness or discomfiture from, or with, sharply characterized aggravations, that one could unhesitatingly say were the result of that electrical state of the atmosphere preceding or during a thunderstorm; but during my outing last July I was requested, by an ex-mayor of a city in a neighboring state, to visit his daughter, in whose case this modality was particularly well emphasized.

Miss X., aged 27, dark complexion; weight in health, 120, and at present, approximately, 95 pounds. Constitution had always been robust, and no history of any serious illness; only occasionally, during the winter season, would have "looseness of the bowels," which would right itself without medicinal aid. All her lifetime it had been her habit to have two stools daily, one in the morning and one in the evening. The history of the present disability was as follows: Six months previously, or the 1st of February, she was taken with, what she thought, was a simple head cold, attended with a soreness of the throat. For this she took, on her own responsibility, a pinch of Flowers of Sulphur, and the next day the symptoms of head and throat had disappeared and instead she had a diarrhœa, which was worse in the morning, and this diarrhœa she had had ever since. She averaged six to eight stools during the twenty-four hours, though they were more profuse and more frequent between the hours of 8 and 10 A. M. The stool was mushy and dark brown; no pain before or during, but after stool she had a feeling of rawness in the rectum and throughout the bowels, and when the desire for stool came it was urgent and could not be delayed.

During the past few weeks there had been an unusual frequency of thunderstorms, and *during the storm* she had noticed a marked aggravation of the diarrhœa, the stools being more numerous and copious. She also thought the diarrhœa was worse during damp weather. She was unable to give me any ameliorations save that she felt better generally after she had been out riding.

Her appetite was capricious and she was obliged to be cautious about her diet or she would be distressed at the stomach with eructations, and when unable to belch she would have palpitation.

No marked cravings—if any, it was for sour articles, lemonade or a pickle. The tongue was but slightly coated whitish, and in the morning the mouth tasted badly. Menstruation normal, as to time, quantity and quality, but always before it was established she would have, from two to three hours, very severe cutting pains across the lower abdomen, from right to left, and also from left to right, but the pains would abate as soon as the menstrual flow fully set in.

In answer to my query, “what have you done with yourself?” I was told she had had homœopathic (?) treatment from the first. In fact, she had received the assiduous attention of a physician who possesses a diploma from one of our homœopathic institutions; but her condition was ample proof that her treatment had done her no good.

Having no books with me for reference, I was not prepared to make a prescription that would receive my entire confidence, and so explained to her parents; but ere the powders were gone that I would leave I should go back to my office, and at the end of a week I would get their report, at which time, if called for, I would try to make a better choice of remedy; and having no fear of that bugbear—“the evil results of a poorly-made first choice of remedy”—I had no hesitancy in giving the patient eight powders of *Natrum carbonic* 200d, to be repeated in water daily, unless an aggravation should manifest itself; if such should occur, then no medicine should be given till I was heard from.

This prescription of *Natrum carb.* was given the 11th of July, and on the 21st I received her first report, which was most favorable in every respect, and *Sac. lac.* was sent; in fact, no change was made till September 2d. Her report, received on that date.

told of a most terrific thunderstorm on the night of August 31st, which lasted incessantly for six or seven hours, and during its continuance she had a most profuse, yellowish, liquid, gushing stool every fifteen minutes. I sent her one powder of Natrum carb. 50m., Fincke, to be taken in water, two teaspoonfuls every two hours for eight doses, followed by Sac. lac. This was the last medicine she received and her improvement continued, without interruption, till fully recovered.

Last January Miss X. called upon me at my office, and she was the picture of health. Her bowels had long since returned to their accustomed status—two stools a day, and much to her satisfaction, the two or three hours of dysmenorrhœa preceding each monthly period had entirely disappeared, the last three menstruations being absolutely painless.

If one should have occasion to look up a case in which the characteristic symptoms pertained to thunderstorms, reference to any of our repertories would sadly disappoint him.

Consulting the fourteen in my library, I find in some the rubric entirely wanting; in others, the rubric, aggravations from thunderstorms, contains the names of remedies which have no symptoms whatever in regard to electrical storms, and many that do are not even mentioned.

Certainly a sharp distinction should be made in reference to the *kind of storm*, for the patients are numerous who tell us that they are much worse in their conditions by a storm approaching, or during the prevalence of the same, whether it be a thunderstorm or otherwise, and then there are those who are never effected by any kind of storm unless it be a *thunderstorm*.

For over thirty years I have made almost daily researches in our existing repertories and have no hesitation in stating that we have no complete, or up-to-date, work, or one with *even one* complete rubric in it; and it is a misrepresentation when a publisher or anyone interested, represents any existing repertory or index to our *Materia Medica* as complete.

It would seem that the commencement of the halcyon days of Homœopathy will be when we can have published a complete, up-to-date *Materia Medica* and its *Reportory*; a work that the conscientious homœopathician can consult with confidence, knowing

therein he can find all we know—from the homœopathic standpoint—concerning any symptoms presented for our consideration, connected with any case that may come under our observation; but the professional demand of the day seems to be for A B C books, which, as Prof. Kent truly says, “teaches how not to practice Homœopathy,” and complete and reliable works are not wanted. How different it was in the days of Hahnemann, when he could count his true followers on his fingers, and his complete writings consisted of six volumes of his *Materia Medica*, his *Chronic Diseases* not being published. Dr. Hartlaub issued, in 1826, his systematic Repertory of twelve volumes, which was a complete index of Hahnemann's works up to that time.

Off and on, during the past thirty years, those competent to perform this service for our school have offered to do this, and would have done it if they had received the encouragement and financial backing from the profession, but the response *was and will ever remain a disgrace*. If Father Hering could have accomplished his heart's desire, his *Materia Medica* and *Analytical Therapeutics* would have been completed, constituting a stupendous work which every follower of Hahnemann could have pointed to with pride.

Then, again, Adolph Lippe offered his *Key to the Materia Medica* if subscribers could be found in sufficient numbers to warrant its publication; this would have been a priceless compilation, but only one fascicle was issued. In a letter from Dr. Lippe, written May 29, 1876, he says: “The M. S. of my *Key to the Materia Medica* has been burned, as a sacrifice to the Gods. Nobody wanted it, the loss on No. 1 is prodigious, and I am resembling Rip Van Winkle when I learn that really now and then a homœopathician states that he uses this attempt to unlock the *Materia Medica*,” etc.; but to return to our subject.

Occasionally in our journals some inquiring physician asks for information concerning aggravations from storms; and thinking, perhaps, I may assist some such one, I will duplicate the rubric as found in my interleaved copy of Kent's Repertory—in connection with thunderstorms.

Father Hering, in his *Domestic Physician*, says the following concerning the effects of thunderstorms: “One who is affected by

a thunderstorm should take Bryonia during the storm and later Silicea. Sulphur is also recommended. A popular practitioner has recommended the following: Let the person, who is either frightened during every thunderstorm or who complains of lameness of the limbs at the approach of every storm, drink a tumblerful of rain which falls at the commencement of the thunderstorm."

Medicines having symptoms pertaining to Thunderstorms:

Agar-m., arn., ars., ars-hydro., aur., bry., carbo-v., caus., cinnam., euph., gels., lach., medor., morph-sulph, natr-c., natr-m., natr-pho., nit-ac., petrol., pho., pso., puls., rhod., rhus-rad., sep., sil., spig., sulph., syph., thu.

Thunder-storms: < From: Agar m., ars-hydro., aur., bry., carbo-v., caus., cinnam., gels., lach., medor., morph-sul., natr-c., natr-m., natr-pho., nit-ac., petrol., pho., pso., puls., rhod., rhus-rad., sep., sil., sulph., syph., thu.

———— < before: Agar-m., ars-hydro., bry., gels., lach., morph-sul., natr-c., nit-ac., petrol., pho., pso., puls., rhod., rhus-rad., sep., sil., sulph.

——— < —, but > after the storm sets in or breaks, Rhod., rhus-rad., sep.

———— < during: Agar-m., aur., bry., carbo-v., caus., gels., lach., medor., morph-sul., natr-c., natr-m., natr-pho., nit-ac., petrol., pho., pso., rhod., sep., sil., sulph., syph., thu.

———— < after: Caus., nit-ac., pho., rhod., sil.

———— > —: (chorea) Sep.

———— Abortion from: Cinnam., natr-c., rhod.

———— Anxiety —: See Fear.

———— Apprehension from: See Fear.

———— Aponeurosis, pain in, from: See Rheumatism.

———— Asthma during: Sep., sil., syph. See Respiration.

———— Back, pains in the, during: Agar-m., rhod.

———— Bones, pains in the, from. See Rheumatism.

———— Breathing oppressed. See Respiration.

Thunder-storm: Chorea, symptoms of < before: Agar-m.

_____ of > after: Sep.

_____ Convulsions < by a: Agar-m.

_____ Cough before: Pho.

_____ < before: Sil.

_____ Deltoid muscle. See Rheumatism.

_____ Diarrhœa. See Stool.

_____ Dysentery. See Stool.

_____ Dread. See Fear.

_____ Dream of: Arn., ars., euph., natr c., spig.

_____ Eye, boring stinging over night, < during: Sep.

_____ Eyeballs and eyelids, twitching of < before:
Agar-m.

_____ Extremities, pain in < by: Medor., rhod. See
Rheumatism

_____ terrible suffering in legs and arms
during an electrical storm: Medor.

_____ Fear (anxiety, apprehension, dread) at approach
of a: Gels., nit-ac., rhod.

_____ Fear at approach of a, after seeing a house struck
by lightning in a previous storm: Gels.

_____ during a: Natr-c., natr-m., nit-ac., pho.

_____ a, at night; anxious sweat drives her
out of bed: Natr-m.

_____ of the thunder: Rhod., sulph.

_____ Faintness before: Petrol., sil.

_____ Head: condition of head symptoms < by the air
just before a: Bry., lach., natr-c., pho.,
rhod., sep., sil.

_____ Headache, during a: Natr-c., pho.

_____ < during a: Natr-pho.

_____ Jerking, spasmodic; through body when, is rag-
ing: Pho.

_____ Knees; sharp pains in, shoot upward during a;
pains < by stretching: Medor.

_____ Lightning: after being struck by lightning, any
exposure to heat sets her into spasms,
nervous, so that she had to go into a
cool place: Morph-sul.

Thunder-storm: Menstrual troubles before: Natr-c.

- _____ Menses copious from: Natr-c., pho.
- _____ ——— suppressed from: Natr-c.
- _____ Nervous, < during a: Natr pho.
- _____ ——— cannot bear music, < in a: Natr-c.
- _____ Neck, crick in, < during a: Natr pho.
- _____ Pains, old pains appear again before a: Ars-hydro.
- _____ Pains < during: Natr-pho.
- _____ Palpitation and trembling during: Natr-phos.
- _____ Periosteum. See Rheumatism.
- _____ Respiration; the sultry air before a, oppresses him, but when it begins to thunder and lighten, he brightens up: Sep.
- _____ Asthmatic attacks come on during a: Sep., sil., syph.
- _____ Breathing so difficult that eyes seemed to protrude from their sockets and doors and windows had to be thrown open; attacks came on only during a thunder-storm: Sil.
- _____ Attacks of spasmodic bronchial asthma for twenty-five years; they came on only at night after lying down or during a thunder-storm, producing most intense nervous insomnia, entirely preventing sleep for days and nights: Syph.
- _____ Restlessness; feels a, in his blood day before and during a: Pso.
- _____ ——— during a: Pho.
- _____ ——— with attacks of anxiety, during a; < by music: Natr-c.
- _____ Rheumatism; severe pains in deltoid muscle, < from motion and from vexation, before a thunderstorm: Rhod.

- Thunder-storms: Rheumatism; rheumatic pains in extremities, <
by a: Medor., rhod.
- , especially in all the aponeuroses,
< in wet weather and before a:
Rhod.
- < before a: Lach.
- ; violent drawing and tearing in
bones and periosteum of cranial
bones, < when at rest in the
morning; during a thunder-
storm and during wet, cold,
stormy weather: Rhod.
- Screaming during a; a nervous young lady, un-
easy before a thunderstorm, set up a
terrific scream after a heavy thunder-
bolt, and continued it without cessa-
tion, in spite of all efforts to quiet
her: Gels.
- Sleepiness, during a, with debility: Sil.
- Spine: soreness of < before a: Agar-m.
- Stomach: faintness or gone-ness at, during:
Natr-pho.
- Stool: diarrhœa < before and during: Natr-c.,
pho., rhod.
- , dysentery in summer renewed or < before:
Rhod.
- Thunder: fear of thunder: Rhod., sulph.
- Toothache: drawing, aching, cutting pains on
approach of a: Rhod.
- Trembling. before and during a: Morph-sul.
- of legs and hands, with debility, be-
fore a: Agar-m.
- Trembling and palpitation, during a: Natr-pho.
- Twitching of eyeballs and eyelids < before a:
Agar-m.
- Weakness (debility, fatigue, prostration) before
a: Agar-m.
- during: Caus., natr-c., natr-pho., nit-
ac., petrol., rhod., sil.

Thunder-storms: Weakness and sleepiness during: Sil.

after: Caus., nit-ac., pho., rhod., sil.

DISCUSSION.

Dr. Loos: I had one interesting case, a patient who had in young life asthmatic dyspnoea; at the time she came to me all she complained of was constipation, for which she had been taking Ripan's Tablets. Going over the whole case I found that Cuprum seemed to fit, and I gave it to her. She had an aunt who was afraid of storms and used to go through all sorts of manœuvres, and this patient, as a child, had copied her and developed the same dread. After she had been on Cuprum some time, I asked her about the thunderstorms, and she said she did not feel fear from them if her heart would only keep down; her mental state was much improved; the thunderstorm did not enter into the prescription, but the constitutional condition was better, and the thunderstorm fear was better.

TWO CLINICAL CASES.

S. A. KIMBALL, M. D., Boston, Mass.

These cases are not intended to illustrate the accuracy of the first prescription, nor are they presented to show any great wisdom in the selection of the remedy, but to demonstrate that we do obtain results after the failure of several attempts to relieve if we can finally prescribe the remedy homœopathic to the case, and know enough to let its action alone while improvement is going on.

Case I. Mr. —, about 38 years old, tall, slim, of dark complexion and nervous temperament, was taken at noon of Sept. 30, 1899, with a severe pain in the right renal region which extended to the glans penis and right testicle. The pain, as he described it, was like the "pressure of a giant's thumb" in the renal region over the crest of the right ilium, and was accompanied by great restlessness and vomiting of greenish water. The pain

later extended across the abdomen, sharp and cutting, and was temporarily relieved by belching and hot water applications.

Several remedies, Lyc., Nux, Diosc. and Berb., were given in water in repeated doses, but no decided improvement was obtained at half-past ten in the evening. Dr. Drake was called in consultation. There were present the dreadful pressing pain in the right renal region, the sharp pains across the abdomen, frequent attacks of vomiting, restlessness, twitching of the limbs, and numbness of the hands and fingers.

On account of the pressing, squeezing character of the pain in the right renal region Opium was selected, and the 200th potency given in water every five minutes. After the second dose he was easier, and after the third he fell asleep. In fifteen minutes the pain returned and he received another dose. He then slept for half an hour, and was again awakened by the pain. Two more doses were given and he slept for two hours, waking in the early morning with no pain but with considerable soreness in the abdomen and in the right renal region.

He had a fairly good day, with nausea and belching at times, and one attack of vomiting. He rested well that night and the next morning passed a small dark brown, almost black, calculus about the size of the head of an ordinary steel pin.

In a few days he was all right, having received no remedy since the Opium.

Case II. May 17, 1900. Mrs. —, about 50 years of age, of medium height and size, has had a small, hard swelling at the edge of and beneath the right lower jaw in the sub-maxillary region for two weeks, which has gradually been increasing in size. She also has a swelling of the palmar surface of the tip of the left thumb, and a suppuration at the base of the nail of the left third finger.

The swelling under the jaw was as large as a small hen's egg, not sore to touch, but quite painful at night. Her tongue was large, flabby and white; she was weak and had no appetite. No other symptoms could be obtained. Her general health has always been good. One dose. dry, of Merc. sol. 50m. F.

May 21, four days later, she sent for me to come and see her. The swelling had increased to double the size and was still hard

and painful, especially at night, but was better from warm applications. She now complained of chilliness. One dose dry of Hepar. 200.

May 23, two days later; the swelling was still increasing. There was a constant dull pain with throbbing, with the same aggravation at night. A red spot had appeared under the chin with soreness to touch. Otherwise the conditions were the same, the relief from warmth and the general chilliness. One dose, dry, Sil. 200.

May 25, two days later; the swelling was now as large as a fist, very hard, throbbing pain with occasional burning, stinging pain. Almost no sleep the last two nights. The redness had increased and there was a soft spot in the centre. She was still chilly but had a profuse general sweat last night. One dose, dry, *Anthracinum* 1m. F.

May 27, two days later, there was a marked improvement, less swelling, less pain and less redness, which was less sore to touch. Has had two fairly good nights, but with the same general sweat. Appetite better and feels better generally.

May 29. The swelling is constantly decreasing, but is still hard; there is no pain. The skin over the red spot is peeling off and the redness has about disappeared.

June 8. Very little swelling left, but is still hard. Most of the edge of the lower jaw can be felt.

A week later the swelling was about gone.

In commenting upon these two cases, one is naturally led to remark that the same old objection might be made in regard to the case of renal colic. That is, that the passage of the calculus and the administration of the remedy took place at the same time. This is disproved, however, by the fact that after the first relief the pain returned in fifteen minutes, and again in half an hour after that; in both instances yielding to the effect of the 200th potency of Opium. The second case of the hard swelling under the jaw, which was evidently a swollen submaxillary gland, shows the wonderful power of the indicated remedy to turn things into order.

The question has been raised, in such cases of swollen glands, if it is not better for the patient for them to suppurate and discharge rather than to be absorbed. It would seem as if the action of the appropriate remedy would decide which was better for the patient, and in a case as near suppuration as this evidently was the effect of the remedy in checking it seems to have been due to a proper, and not improper, action. But that is a question upon which discussion might be profitable.

DISCUSSION.

Dr. Campbell: It shows that suppuration is not a necessity.

Dr. Carleton: It came mighty close to it, when it got soft and yellow in the centre.

Dr. Campbell: There are not many but would have broken away at that point.

Dr. Carleton: Very few.

A FAILURE TO CURE!

F. S. DAVIS, M. D., Quincy, Mass.

Mrs. G. S. K., æt. 53. Fleshy, dark hair and eyes. Reports to me with a tumor on the thigh at the anterior middle surface, which began to appear when she was a girl; a little pimple of a red color and painless.

A doctor was consulted and told her it better be let alone, as, if it was cut, it might form a cancer. It continued to grow quite slowly, gave no trouble, and it was let alone. At the time I saw it there was a pedicle nearly two inches long and about an inch through, quite firm and hard, in which could be felt a strong pulse.

The tumor attached to this near its upper third was eight inches long, three inches wide and two or three inches thick, oval in form like a kidney, but flesh colored, with large veins under the skin. The skin was inclined to scale off the tumor in large flakes, leaving a reddened surface which was dry. The lower

end of the tumor, as it hung against the thigh, began to appear of a purple color. There was no pain.

The patient was in good health, had grown up sons.

There was a rheumatic tendency and occasionally neuralgia in the temples.

The patient was a very good homœopath and did not make use of nostrums.

Rhus tox. always relieved the rheumatic symptoms and Puls. her neuralgia.

She often said, I am never sick. I gave her Sulphur 1m. F., and waited for several weeks for results, or appearance of symptoms, but got none. She felt well.

No medicine.

After several months she reported with the lower end of tumor having a raw surface as large as a nickel, and discharging a watery fluid, which left a yellowish stain.

There was a pricking pain in this spot occasionally, but not severe. I gave her *Nit. ac. 200*, and in a few weeks the ulcerated surface grew smaller and finally healed over. I let it alone for a number of months, and there appeared no change, except there were no pricking pains.

Scaling off continued, and after several weeks more, with no medicine, I gave a few doses of *Calc. c. 1m.* as I found it recorded as succeeding well after *Nit. ac.*, and as it covered the constitutional peculiarities and the congested character of the tumor. All went quietly for two months, then, unfortunately, my patient fell and bruised the tumor; it bled and became painful. I gave *Arnica 200*, with relief of pain and other effects of fall, except a disposition to discharge watery fluid.

No change was made in the remedy, and the tumor seemed to be healing up, when suddenly, and without warning, a profuse hæmorrhage took place from the point of ulceration, and a consultation was held with Dr. Smith, of Boston, who advised the removal of the tumor, which was done. No trouble since.

I have questioned in my own mind if it would be possible by means of a drug to remove the growth when the pedicle was so large and the tumor so vascular.

Doubtless we must remove these growths sometimes, and who shall say when?

DISCUSSION.

Dr. Carleton: I should not wait long in such a tumor as that.

Dr. Campbell: What was the nature of the tumor?

Dr. Close: A vascular tumor. I am inclined to think that it is a waste of time to try and attempt to cure a growth of that kind with remedies; if the general condition of the patient is good, the sooner an operation is done the better.

Dr. Campbell: What about the condition that made it? That is what I am thinking of.

Dr. Close: The condition that made it has probably expended itself in making it. I qualified my remark by saying if the patient is *in good health*, and simply desires the removal for mechanical reasons. There was not an intelligible group of symptoms in the case. The doctor gave several remedies hoping to bring something to light, but did not get anything. Sulphur might have revealed some underlying condition which required treatment, but Sulphur would not have removed the tumor, nor any other remedy. It is perfectly proper to administer remedies when you have any disease for them to act upon; if the tumor remains, remove it.

Chairman: Dr. Kent makes a distinction, in surgical cases, between the removal of results of disease, and diseased organs themselves.

Dr. Loos: After the patient is cured. Our teaching in the Post-Graduate School is that so long as disease is there it may ultimate in disease products; when the cause is no longer there, then the products that remain may be removed. So long as the action of disease is in the result of disease, you are driving it somewhere else by removing those results of disease.

Dr. Close: And that disease will manifest itself in symptoms?

Dr. Loos: Curable diseases are marked by symptoms.

Dr. Campbell: When a condition takes that method of expressing itself, it is certainly not a benign expression; excrescences are unsightly and are certainly an index of something wrong. Now, removing that expression from one point will incline the diseased condition to locate itself in some other way, usually on some vital organ.

WHAT A MAN THINKS, THAT HE IS.

H. BECKER, M. D., Toronto, Canada.

"What a man thinks that he is," and what he thinks is usually much influenced by his surroundings and what he reads, and so I make a plea for homœopathic literature for the laity. The newspaper furnishes almost the only reading matter for the majority of the people at the present time. The masses do not wish to read anything more and the classes lack the time, being fully occupied in warring with each other in business or politics and reading only along their own lines and on what is thrown before them incidentally.

Among the incidentals the makers and vendors of proprietary drugs see that their wares have prominent mention, and so the newspapers and magazines are well furnished with seductive descriptions of the supposed virtues of the thousand and one "cures" for the many ailments of the community. The cleverest and most cunning advertisements are always before the eyes of the people to induce them to invest in the pernicious nostrums which sell only because they are so persistently "pushed." This advertising does harm, because it fosters the impression that drugging is beneficial, being scientific and in accord with the most advanced medical thought. The doctors drug, so do the druggists and the proprietary medicine men put up the most wonderful therapeutical discoveries of the ages, and the sick, like the drowning, clutch at straws, and fortunes are made at the expense of the foolish and credulous sufferers whose latter ends are worse than their first.

The voice of the only school having rationality in therapeutics is scarcely heard among the discordant brayings of the quarto—legal and commercial—who compete for the ear of the public, and who buy, wholesale, the press, lay and secular, and spread broadcast over the land their evil messages. The truth spreads slowly, and more so when only old methods—or no methods at all—are used to propagate it. If there is anything commendable about

Christian Science, so-called, it is that it is an organized protest against old-school drugging, and Homœopathy should learn from old-school and Christian Science experiences the value of the press in teaching the laity. Who but a homœopathic physician knows the weariness of homœopathic practice? An intelligent patient of mine, in a town having no homœopathic physician, got Dr. Kent's Repertory and subscribed for the Journal of Homœopathics. I think he had Hering's Condensed Materia Medica previous to this. After using the Repertory for some time he amused me very much by the declaration that homœopathic doctors are not "half paid" for their work. He appreciated, as the result of experience, the magnitude of the work. Many of our patients think our work so simple, as compared with old-school work, that they have the idea that our fees should be much less. We simply give a little sugar instead of the dashing prescription calling for more or less—usually more—horse medicine in corresponding doses. And we lack the ornamental frills which make such an impression of learning on the average patient.

We do not spend a long time in useless manipulations, local examinations, percussions and auscultations, nor wear an air of impossible wisdom to impress our patients with an idea of our profound sagacity. People like mystery in connection with medicine, and the educated classes are the most confiding if the way of the medicine man is only sufficiently dogmatic. An intelligent man, the head of a successful business, echoed the general opinion when he told me that he "wanted to look up to his doctor" and I accommodated him and became quite oracular. In most cases, if a physician is large physically, looks wise and has sense enough not to talk very much, his professional reputation will be very shortly made.

The beauty of Homœopathy, intellectually considered, is the simplicity of its principles; and persistent education of the laity will bear fruit in creating a contempt for the empty pretensions and incomprehensibility of the old school and a pleasure in the understanding of the beauty of the law of Homœopathy.

The best way to furnish people with an idea of the rationale of our principles and with arguments for discussion, so that they may be secure in their faith and have means for propaganda work,

is to supply them periodically—say, monthly—with some small publication issued as a commercial venture by some established house or by a committee appointed by the various homœopathic associations.

Were every medical man to have from one to five hundred copies sent to as many of his patrons the fruit of this line of work would be very shortly apparent. Every copy would do missionary work after being read in the first home, and so the work would go bravely on.

The ignorance of the law of Homœopathy is profound even among our staunchest adherents, and is it any wonder, then, that outsiders regard our practice as being akin to faith cure?

A periodical like "The Envoy," published by Anshutz, of Philadelphia, might answer our purpose very well, with some slight modifications, perhaps, and it is possible that in good-sized clubs a considerable reduction might be made in the price.

One thing is certain, and that is that every twenty-five cents expended in this way would be repaid many times, and very soon at that.

One additional prescription from each family supplied would recompense us handsomely for our expenditure and trouble, besides causing a stability of mind in those who rely on us for treatment of their ailments, and a zeal for the extension of the knowledge of Homœopathy that would do wonders in the way of making converts to our school.

I hope this disjointed paper may be found to serve a good purpose.

With fraternal greetings and best wishes for the success of this meeting of the association,

I remain yours very sincerely,

H. BECKER.

DISCUSSION.

Dr. Campbell: I have a patient who subscribes for the *Envoy*, and he thinks it a fine paper. I say that it does not represent pure Homœopathy; I will not let them think that.

Dr. Loos: It just occurred to me during the course of the reading of that paper a plan by which this society might do good

probably. There is in Philadelphia a society which publishes monthly addresses that are given as lectures before the society, and they have a name for their publication. It seems to me we might select some name for a series of that kind and have the members of this association write out subjects for the laity, and from among our patients send in small subscription lists of persons to whom we would like to have these papers sent.

Dr. Morgan: That is a good idea, excellent, if we can just get it started.

Dr. Loos: I think if we could just start and have them edited quarterly, probably the society could stand the expense of sending out four editions a year.

Dr. Morgan: I would make a small donation to start such a movement as that.

Dr. Campbell: The Woman Suffrage Association at last managed to get a hearing and a stated place in the *Sunday Sun*. Now, there would not be any more difficulty for us to gain a footing in some such way; they had to struggle years and years to get there, but now they have got it.

Dr. J. Campbell: You think Homœopathy needs advertising?

Dr. Campbell: The principles of Homœopathy need to be made known.

Dr. Close: An objection occurs to me in this, that the very moment you obtain entrance to the public journals with material of that kind, designed to further the interests of a school of medicine, you lay yourself open to the most intense opposition and criticism. The Old School members, and members even of our own school, would begin to deluge the paper or journal with articles opposed to those that set forth the principles of true Homœopathy, and we immediately open up a radical and specious argument, which the public are not able to see through. In the end I think we should have produced more evil than good. Personally I have always felt that the best work and advertising consisted in quiet work in curing the sick. A cured patient sends you another patient and talks about Homœopathy to his friends. It is an advertising medium of ever-increasing circulation. It is done quietly without encouraging any opposition, and the truth spreads surely, though slowly. Next to the cured patient is an

educated patient. I have contented myself with that and feel in the end the results are just as good.

Chairman: I believe they are a great deal better.

Dr. Morgan: That is the best, undoubtedly, the best if we can get enough of it.

Dr. Close: I know it has worked the best as far as I have observed. Each individual physician can procure reprints of articles that have already been published, such as appeal to him most strongly, and to the class of people who are his patients and under his influence; he can distribute them according to his judgment. There are many such reprints already in existence. There is a little series of articles published by Boericke & Tafel that is very good. But what would answer for one physician would hardly do for everyone else; let each one, if he cannot find anything that suits his ideas, write his own pamphlet. I have distributed quite a number of the reprints of my own articles among my patients and they have done good. They are interested in me and in what I do and say. We should excite a great deal of antagonism if we attempted the publication of those views which would be at once called heretical and would only produce a storm of argument.

Dr. Loos: The idea is a very good one, but does not involve the larger problem, which is that the association should furnish papers which would be adapted to the public.

Chairman: There is a book on the principles of Homœopathy, by Wm. Boericke, which presents the whole subject in a concise way. It is a trifle didactic, but a very comprehensive presentation of Homœopathy.

Dr. Loos: I would make a motion that the Executive Board be recommended to consider the question of a quarterly publication for the laity.

Motion carried.

Dr. Alice Campbell, of Brooklyn, N. Y., presented a few clinical cases for advice, followed by an informal discussion.

The meeting then adjourned.

CROCUS SATIVA.*

FRED. W. PAYNE, M. D., Boston, Mass.

Case I. The following interesting case came to me for treatment March 20, 1899; the history as then elicited was as follows, viz.: Mr. C., age 64, is an inveterate smoker, using mainly the strongest kind of a nicotine-soaked pipe. Two years previously had a severe attack of acute tearing pain suddenly develop in the right eyeball, accompanied by intense inflammation and a sensation as if the globe was greatly contracted and drawn in; this was followed by a spreading obliteration of the entire visual perception, beginning at its centre, and spreading rapidly peripherally till all consciousness of the presence of light had vanished, leaving the eye totally and irreparably blind, so that not a vestige of light remained; the acute glaucomatous process was complete in less than an hour after the first sensation of pain, the pupil becoming dilated, *ad maximum*, and immovable; the crystalline lens rapidly swelled, developing a cataractous state, with noticeable blood-vessels occupying its superficial surface within the area of the greatly dilated pupil. Such was the state of the right eye induced by this fulminating process when he called in March, 1899. The left eye was now becoming rapidly hazy throughout the whole visual area, so much so that he had considerable difficulty in seeing while walking; his ability in reading was decidedly curtailed, objects and type becoming "mixed," as he said, "as if seen through a misty atmosphere," "as if a gauze or veil before him;" he had diplopia at times seen by the left eye alone, particularly as the light glances from the shiny arm of his spectacle frame, this peculiarity being pathologically due to the imperfection in the layers of the crystalline owing to the presence of the infiltrated, cataractous opacity; he had sudden flashes before the eye as of an electric spark, and at times dark and luminous specks appeared before him. Under palpation the left eyeball was

* This paper arrived too late to be read at the meeting.

noticeably increased in tension, while the right eyeball had become greatly decreased in this regard till its walls were almost flabby. The left crystalline showed irregular striæ of opacity; he must frequently wipe his eyes as though a film of mucus was over it, though no mucus was present; had a feeling as if water was constantly running into the eye, or as if air was blowing on and through it, and as if the eye was growing smaller and shrunken. Notwithstanding the profundity and magnitude of the situation, the few symptoms that were present seemed so conclusive and prominent as an aid to the choice of the remedy that I felt considerable encouragement that if the picture could be found under any of the provings in our *Materia Medica* that much aid in the restoration, so far as the left eye was concerned, should be accomplished. From the fact that *central vision was invaded* in the eye first attacked, and *extended itself therefrom peripherally*, and also from the fact that this condition was associated with *largely dilated pupils*, and with a *feeling existing as of water running into the eyes, inducing a biting sensation as of the presence of smoke*, was enough to call my attention to the proving of *Crocus sativa*. In addition to the above symptoms under the proving of *Crocus* were found: *Sensation as if the eyes were becoming smaller. Feeling as if cold air was blowing on and through them. Sudden flashes before the eyes, as of an electric spark.*

That the *simillimum* displayed its usual wonders may be learned from the following history: Mr. C. now reads with care with his presbyopic glasses; is well able to attend to his occupation as machinist, where careful use of the eyes is required, even in places where the light is dim, and thus necessarily trying; all blurring and "mixing" has disappeared, and he now considers his eye as good as in that of his youth; the fact remains, however, that a condition of partial opacity still remains in the crystalline that is likely to always exist, though the major part of the visual area is now clear and translucent, thus permitting satisfactory and useful use of the eye. *Crocus sat.* was the only remedy prescribed, and he has had infrequent doses of the same at intervals of from 1 to 3 months; he is still under observation. The symptoms of the disease in question, as found under the proving of *Crocus sat.*, are as follows:

Sudden flashes before the eye like electric sparks. Pupils much dilated; sensation as of cold air blowing across the eyes. On using the eyes briefly they feel irritated and dry as if the room was full of smoke. Feeling as if water was constantly coming into the eyes. Must wink and wipe the eyes often, as though a film of mucus was over them. The eyes see through a mist, all things appear paler, as of a gauze before the eyes. Obscuration at night, after which a sensation as of bright stars dancing before her. He is frequently obliged to wink and to wipe his eyes as if a pellicle of gum were drawn over them. Inclination to close the eyes firmly from time to time. Sensation as if the eyes were becoming smaller. Sudden flashes before the eyes, in the daytime, like electric sparks. Sensation in the eyes as if smarting from smoke.

All the preceding symptoms may with confidence be inscribed in the *Materia Medica* under the proving of *Crocus sat.* as a curative result in a most serious lesion.

Case II is that of a man, 35 years of age, who, on awaking the morning before landing from a transatlantic voyage, was seized with a sudden blurriness of vision in the left eye, beginning at its central and lower section and rapidly extending its limits till all useful perception of vision was extinguished, the central part being intensely dark, shading off towards the circumference, till only a rim of light was noticeable all around the peripheral margin of the visual field. The curtailment of the visual field, as shown by the perimeter, was 35° above, 70° outward, 50° below, and 50° inward, thus leaving a scotoma large enough to obliterate central vision, while the remaining area was dull and smoky, as if looking through muddy water. Occasionally he had a black line or wave in motion before him, accompanied by a luminous appearance as of an electric flash. The condition of vision was confusing as he attempted to coördinate, so that he must close the bad eye in order to see steadily with the other. It may here be stated that an embolism of the central artery of the retina had occurred in consequence of an insufficiency of the mitral valves, whereby the sudden visual loss had occurred and the artery become plugged. There were no symptoms in the case beyond those already detailed, so that the choice of the remedial agent must come from scarcely more territory than a guess. The fact

of the advent of the visual obliteration coming as it did, and occupying a central position, while the circumference, during the whole process, was less obscured than the centre of the field, also from the fact that flashes as of electric lights traversed the visual plane at frequent intervals, gave some weight to the choice of *Crocus sat.*, for both these symptoms are prominent under its proving. *Crocus sat.* was prescribed, and in three days thereafter another mapping of the visual field, by means of the perimeter, was made that showed an enlargement of the field upward of 10° , outward of 10° , downward of 10° , and inward of 13° ; in three days more the field had extended upward to a normal extent, downward, outward and inward respectively 5° more. At this time I was prevailed upon to allow the gentleman to go to a distant part of the country, owing to important business, so that eleven days now passed before another measurement was made, when a corresponding gain was manifest, only a small scotoma now occupying the centre of the visual area, though the field otherwise was of a dark, foggy, brownish appearance, relatively as it had been since the onset of the hæmorrhage, though becoming steadily lighter and clearer, while the acuteness of the visual perception was also gradually gaining. The man has now, in about a year's time, fully regained the use of his eye, and the visual ability is as clear as if never having been invaded. Glasses are now worn to correct a compound myopic astigmatism that has always existed, such usually being a congenital defect. Thus has the *simillimum* again exemplified its wonders, though its choice was, of necessity, largely the result of guessing. Similar hæmorrhages are usually fraught with direful results to the welfare of the sense of vision, many an eye having become totally blind from no greater, and even less, a hæmorrhage than that in this case. All this simply shows how efficient and profound are the influences coming from the law of cure that our inspired founder, Samuel Hahnemann, has formulated and transmitted to us, whether applied with or without an exactness of individual effort, so long as the choice proves to be the *simillimum*, this being all that is necessary as shown by Case No. 2, where restoration could never have been effected only as the one agent, that proved the law of similars, had been chosen.

S. MARY IVES, M. D., H. M.,
Secretary.

MADAME MELANIE D'HERVILLY HAHNEMANN.

In the latter part of the year 1834 Mlle. Melanie d'Hervilly Gohier, adopted daughter of Louis Jerome Gohier, Minister of Justice and President of the Executive Directory of the French Republic, in the time of the 18th Brûmaire (1799), having heard of Hahnemann's skill as a physician, came to Coethen in order to benefit by it. They became mutually interested, and she was so impressed with the vast treasures of Hahnemann's mind, and he was so well pleased with her attainments that he asked her to share her life with him. On the 28th of January, 1835, they were married in Coethen. (Bradford's *Life of Hahnemann*.)

Our half-tone is from an old print in the possession of Dr. Bradford.

INDIANA INSTITUTE OF HOMŒOPATHY.

MUNCIE, IND., Feb. 23, 1901.

PRELIMINARY ANNOUNCEMENT.

DEAR DOCTOR: The work for the Thirty-fifth Annual Session of the Indiana Institute of Homœopathy has been begun. The work of the State Institute should be an exponent of the growth and advance of Homœopathy in the State. Whatever it accomplishes for Homœopathy redounds more or less to the advantage of each physician; so, to repay this unmeasured debt, as well as for love and enthusiasm for our principles, every Homœopathic physician should plan to attend. We want our State organization to equal that of any of our sister States in point of attendance and quality of work done. Every Homœopathic physician in the State should be a member; and as such should take an active part in advancing the interests of the Institute. Let him make a special effort to attend, come prepared to contribute his share to the work (either by paper or discussion), and this session will be what it should be—the best in the history of the Institute.

We feel that each member can do his best work in that section in which he is most interested; the Secretary therefore requests

every one to immediately signify his preference by letter, and so far as possible assignments will be made in accordance with these requests.

The meeting will be held the latter part of May, and continue (by vote at last meeting) for two days only. Railroad and hotel rates will be secured.

Programs and date of meeting will be mailed later.

H. H. BAKER, M. D.,
Secretary.

TEXAS MEDICAL LAW.

Texas has enacted a medical law which becomes effective July next. Below see synopsis:

1. Three Boards of Medical Examiners are provided, Allopathic, Eclectic and Homœopathic, each composed of nine members, six composing a quorum.

2. Candidates are to be examined upon the following subjects: Anatomy, Physiology, Histology, Pathology, Chemistry, Materia Medica. Therapeutics, Practice of Medicine, Surgery, including diseases of the ear, eye, nose and throat, Obstetrics, Gynæcology, Hygiene and Medical Jurisprudence.

3. In case applicant shall fail to pass the examination, he or she shall not be permitted to go before the board again for one year thereafter.

4. Three members of the board may be appointed by the president to examine a candidate and grant a temporary certificate if found qualified, which shall entitle him to practice until the next regular meeting of the board.

5. Physicians holding a certificate from a State board whose medical law is as thorough as that of Texas, and whose certificate bears the endorsement of the president and secretary of the board that issued it, may have a certificate issued without examination, by paying the usual fee of \$15.00.

There is no country in the world that holds out so many inducements to homœopathic physicians as Texas. Every business and industry is in a flourishing condition. Our climate is unexcelled.

For further information address

W. D. GORTON, M. D.,
Chairman of Leg. Com. Hom. State Society,
Austin, Texas.

BOOK REVIEWS.

ENLARGED TONSILS CURED BY MEDICINES, by J. Compton Burnett, M. D., London, England. Philadelphia: Boericke & Tafel. Price, cloth, 60 cents; by mail, 65 cents.

The author says: "For the past twenty years I have treated my cases of enlarged tonsils by medicines, and have, moreover, succeeded in curing the great bulk of them." The work sets forth his views on the question, views which he illustrates by cases from practice. It is interesting to note that the author's views regarding peripheral manifestations of disease as outlets, and the necessity, therefore, of internal treatment coincide with those advanced by Hahnemann a century ago. Burnett contends for one of the old *principles*, therefore, in holding that "the tonsils are not ill of themselves, but from the organism," and that "the first thing is to cure the *cause* of the enlargement." His *methods*, however, are not according to the canon, which teaches that proving must precede prescribing. Indications for the use of *Bacil. Tub. test.*, *Luet.*, *Morbill.*, *Scarlat.*, *Silico-fluoride of Sodium*, etc., are not given, and these remedies seem to be given merely on pathological, isopathic or empirical grounds. The book is interesting from the standpoint of results, and should prove as a stimulus to emulation in this line, and in any case is one more witness against the prevalent tendency to ablation of the tonsils when these are enlarged.

ANOMALIES OF REFRACTION AND OF THE MUSCLES OF THE EYE, by Flavel B. Tiffany, A. M., M. D., Professor of Ophthalmology and Otology of the University Medical College of Kansas City, Mo., etc., etc. Author's fourth edition. 300 pages. Kansas City, Mo.: Hudson-Kimberly Publishing Co. Price \$3.00.

Prof. Tiffany's work on Refraction is one of the most lucid and interesting we have seen. After discussing the necessary features of reflection and refraction of light, and giving the anatomy and functions of the normal eye, the author proceeds to the practical part, beginning with "How to examine the eye," to which he devotes a large part of the book. Myopia, hypermetropia and astigmatism are each dealt with at length, followed with a discussion upon anisometropia, aphakia and presbyopia. Heterophoria and strabismus have each a chapter, and in another the subject of spectacles is gone into. The author has succeeded in writing clearly and concisely on the subject, embracing all essentials, and has brought the book carefully up to date. One of the excellent

features is the illustrating, there being twelve plates and 188 cuts fully elucidating the text. It is preeminently a work for the student or busy practitioner who wishes to gain a thorough grasp of the essentials of ophthalmology.

PRACTICAL HOMŒOPATHIC THERAPEUTICS, arranged and compiled by W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homœopathic Medical College. Price, cloth, \$2.50; by mail, \$2.70. Philadelphia: Boericke & Tafel.

This book of 379 pages is a much more elaborate work than the author's *Essentials of Homœopathic Therapeutics*, but it is characterised throughout by the same careful analysis of the characteristics presented by remedies therapeutically. Homœopathic therapeutics can never assume the cock-sure, cut-and-dried form we find in old-school books, nor can a homœopathic work ever be any more than suggestive along these lines. *Characteristic symptoms* must still remain the *sine qua non* for the exhibition of any remedy in any given condition, an essential that Prof. Dewey has kept strictly in mind, as shown by the copious quotations from the Materia Medica bearing upon the disease under consideration. The general get-up of this work is in keeping with the usual quality of the B. & T. publications.

STUDIES IN THE PSYCHOLOGY OF SEX: The Evolution of Modesty, the Phenomena of Sexual Periodicity, Auto-erotism; by Havelock Ellis. Philadelphia: F. A. Davis Co., 1916 Cherry Street. Crown octavo, nearly 300 pages. Extra cloth, \$2.00. Sold only to physicians, lawyers and advanced scientists.

The author's preface states that this volume contains three studies which seem to be "necessary *prolegomena* to that analysis of the sexual instinct which must form the chief part of an investigation into the psychology of sex." His researches are original in this field, very thorough, borne out by testimony from many sources, ancient and modern, and the results are narrated in an unobjectionable form. He presents facts with the purpose of ascertaining their relation to social and moral questions, and without exhibiting the gross sexual perversities and rare instances of degeneracy which are usually and unnecessarily found in works of this class.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. A manual for the use of physicians, surgeons and students. By Chas. W. Purdy, LL.D., M. D., Professor of Clinical Medicine at the Chicago Post-Graduate Medical School, etc., etc. Fifth revised and enlarged edition. With numerous illustrations, including photo engravings, colored plates and tables. 6x9 inches. 406 pages. Extra cloth, \$3.00 net. F. A. Davis Company, publishers, 1914 Cherry street, Philadelphia.

The fifth edition of Purdy's Uranalysis includes much additional original and new matter, besides being a thorough revision of the last edition, which was reviewed in the December, 1898, issue. The rapid sales of the various editions bespeak the popularity and practical nature of the book. A new chapter is given in this edition on the microscope and its use in uranalysis, and contains useful and practical suggestions to aid the beginner in his work. Centrifugal analysis is also given especial attention to. The chapters on Urinary Diagnosis are full and practical, giving this work an especial advantage over manuals devoted merely to the chemical analysis of urine.

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